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City and County of Kingston upon Hull

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# ANNUAL REPORT

UPON THE

# HEALTH

*of* KINGSTON UPON HULL

FOR THE YEAR 1952

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**ALEXANDER HUTCHISON,**

Medical Officer of Health and  
School Medical Officer



WHERE THERE'S  
HEALTH THERE'S  
WEALTH





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26/10/53  
cnc



City and County of Kingston upon Hull

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COUNCILLOR G. E. BRINT, Deputy-Chairman

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W. PASHBY, O.B.E.

COUNCILLORS—

H. J. BARNEY  
(Mrs.) E. BEECROFT  
J. CAMPBELL  
C. J. CLARKE, J.P. (to 31/7/52)  
S. FISHER  
J. C. HAMPSON  
(Mrs.) M. HEATH, O.B.E.

COUNCILLORS—

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W. T. JACKSON  
(Mrs.) G. LYONS (from 31/7/52)  
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C. PARKER  
(Mrs.) N. PARKIN  
H. PARSONS  
J. W. SMITH  
(Mrs.) M. C. WILSON  
THE LORD MAYOR

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„	(Mrs.) HEATH	„	SMITH

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„	(Mrs.) HEATH	„	(Mrs.) PARKIN
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Mrs. M. E. PASHBY

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Alderman H. KNEESHAW, Deputy-Chairman

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Councillor	H. W. ANDERSON		(Mrs.) N. PARKIN
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"	J. G. HANWELL	"	J. M. STAMPER
"	W. HOBDEN	"	G. W. WILES
"	L. J. LEVINE	"	G. WINTERS
"	E. W. MASON		THE LORD MAYOR
"	J. T. P. NOBLE		THE EX-LORD MAYOR

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"	HAMMOND	"	STAMPER
"	LEVINE	"	WINTERS

### HOUSING COMMITTEE

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Alderman S. H. SMITH, Deputy-Chairman

Alderman	T. R. BROADBENT	Councillor	L. J. LEVINE
"	J. DUNBAR	"	J. P. MULLANEY
"	I. ROBINSON, J.P.	"	J. W. SMITH
"	G. K. SPRUIT	"	J. C. TOWNSLEY, J.P.
Councillor	T. HARDAKER	"	G. W. WILES
"	H. J. HEWSON		THE LORD MAYOR
"	C. HURLEY		THE EX-LORD MAYOR

## Staff of the Health Department

### Medical Officer of Health:

NICOLAS GEBBIE, M.D., D.P.M., D.P.H. (to 8/10/1952)

### Deputy Medical Officer of Health:

ROBERT H. MOYES, M.B.E., M.D., D.P.H.

### Senior Medical Officers:

HELEN STANDRING, M.B.E., M.D., D.P.H.

CHARLES WARDEN ORR, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (to 17/10/1952)

### Assistant Medical Officers:

GEOFFREY R. WALKER, M.B., Ch.B., D.P.H., D.T.M.

KATHLEEN A. WILSON, M.B., Ch.B., B.A.O., L.M., D.P.H.

CHRISTINE N. R. CINCIO, M.B., Ch.B.

ELIZA J. CARSON, M.B., Ch.B., B.A.O.

JEAN M. BARROWMAN, M.B., Ch.B.

MARY P. FLEMING, M.B., B.Ch., B.A.O., D.P.H., D.C.H., B.Sc.

JOSEPH TONG, L.M.S.S.A. (Lond.) C.P.H. (Leeds)

SAMUEL KLINGER, M.D. (Vienna)

ALBERT S. CAREY, M.B., Ch.B., D.P.H. (to 30/9/52)

ISABEL M. McCULLOUGH, L.R.C.P. and S. (Ireland)



Staff of the Health Department—*Continued.*

**Psychiatrist:**

JOHN MACKAY, M.D., D.P.M.

### Maternity and Child Welfare:

3 Part-time Clinical Medical Officers

Superintendent Nursing Officer : IDA THOMPSON (to 2/3/1952)

Superintendent Health Visitor : EVA HART

Health Visitor Tutor : MIRIAM HUDSON

### 39 Health Visitors

Superintendent Midwives and Non-medical Inspectors of Midwives : MAUD B. GREENLEY  
ANNIE GARTON (to 13/3/1952)  
ANNIE ROACH (from 1/4/1952)

## 54 Domiciliary Midwives

Superintendent Midwife (Part II Training School) : GLADYS BOLTON

## Tuberculosis:

Consultant Chest Physician : ROBERT HARDY, M.D., D.P.H.

6 Tuberculosis Health Visitors

### Food Inspection:

Chief Food Inspector : S. RHODES

7 Inspectors

### Sanitary:

**Chief Sanitary Inspector and Chief Housing Inspector : A. C. SAWORD**

40 Inspectors and Assistants

**Clerical:**

Chief Clerk : J. COLTMAN

### SUMMARY:

							<i>Whole-time</i>	<i>Part-time</i>
Medical Staff	....	....	....	....	....	....	14	4
Clerical Staff	....	....	....	....	....	....	61	—
Male Inspectors	....	....	....	....	....	....	48	—
Health Visitors (including 4 Students)	....	....	....	....	....	....	48	—
Municipal Midwives (including 12 Pupils)	....	....	....	....	....	....	66	—
Mental Health Staff	....	....	....	....	....	....	15	—
Nursing Staff and Students	....	....	....	....	....	....	27	5
Disinfecting and Drainage Staff, Porters, Rodent Operatives, etc.	....	....	....	....	....	....	39	—
Domestic Staff (including Home Helps)	....	....	....	....	....	....	28	154
Ambulance Staff, (including Maintenance Staff)	....	....	....	....	....	....	85	—
Other Staff	....	....	....	....	....	....	8	13
Totals							439	176

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GUILDHALL,

KINGSTON UPON HULL,

August, 1953.

*My Lord Mayor, Ladies and Gentlemen,*

Writing an Annual Report always confronts a Chief Officer with some difficulties but writing an Annual Report on the health of a City for a year in which I was not the Medical Officer of Health presents even greater difficulties. I have much pleasure, however, in submitting the Report on the Health of the City of Kingston upon Hull for the year ended 31st December, 1952, and have included in the volume a report on the School Health Service for that year.

On the whole during the year the health of the citizens remained good.

There was a large number of cases of Measles the great majority of which occurred during the first quarter causing three deaths. Of the other infectious diseases the number of cases occurring remained much the same as in previous years and I am most happy to record that there have been no cases of Diphtheria in the City for over two years and no deaths for the past six years. This happy state of affairs cannot hope to be maintained unless the immunisation campaign against Diphtheria is pressed home and continues to be brought to the notice of all parents. The figures show that throughout the year the immunisation programme was carried out with vigour but although the total overall percentage of children immunised against Diphtheria up to the age of 15 is 74·2 per cent. the figure for children under 5 is only 57·39 per cent. This age group is extremely important and measures will be introduced to attempt to have more of these children immunised against this disease.

Unfortunately fewer children under the age of one were successfully vaccinated and over the past two years there has been a continued fall in the number of children being vaccinated. This is regrettable and I cannot emphasise too much the importance of vaccination against Smallpox especially with the advent of improved air transport which increases the risk of the importation of this disease into the country.



There was a further fall in the number of deaths from Tuberculosis—94 during the year as against 100 in the previous year. The total of 298 new cases of Respiratory Tuberculosis is the lowest ever recorded in one year in the City. The percentage of deaths occurring amongst young adult females (15-35) was more than double that occurring amongst males of the same age—a fact which is fertile ground for further investigation.

The cost of running the Health Department is a matter which naturally concerns not only the members of the Council and the public but the Officers themselves. One of the services which is the subject of criticism is the Home Help Service. Placed however in its true perspective the Home Help Service makes it possible for many people to be nursed at home who would otherwise have to be admitted to a hospital bed costing between £6 and £17 per week. As the average case load of a Home Help is between 6 and 7 cases per week it will be seen that they are effecting a very marked economy in the National Health Service.

I feel that I should not close this report without making some comment on the National Health Service as a whole. I consider that it has done much good but that there is still room for improvement. Elsewhere I have commented on the fact that a Local Health Authority must before introducing any new schemes submit their proposals to the Ministry of Health for approval and also must submit these same proposals to various interested bodies such as every voluntary organisation which to the knowledge of the Local Health Authority provides in the area of the Authority services of the kind dealt with in the proposals and also to the Executive Council and the Regional Hospital Boards of the area. There is however no similar requirement placed upon these other organisations to submit any new proposals by them to the Local Health Authority. This is a section of the Act which should be repealed. Secondly I feel that a great step forward would be taken if there was amending legislation so that experiments in the organisation and administration of the Health Services could be conducted. There have been so many criticisms, some justified, some without justification, of the division of the National Health Service into three separate compartments, *i.e.* Hospital and Specialist Services, Local Health Services and the General Medical, Dental, Pharmaceutical and Supplementary Ophthalmic Services, that I strongly urge that amending legislation should be introduced so that experiments could be conducted as to whether a combination of all three services under one head would be beneficial or whether a combination of two of these services with a third as a separate entity would be an answer to many of the various problems which confront and indeed bemuse the public and the medical profession. It is only by experiment that the answer to these problems can be obtained and a pattern evolved which might be introduced for the community as a whole. The Act allows

experiments in other fields to proceed, e.g. provision of Health Centres and schemes for Care and After-Care, then why not experiment in the administration of the Service as a whole?

It has given me pleasure to write this introduction to this year's report but I cannot lay down my pen without paying a most sincere tribute to my predecessor, Dr. Gebbie, who was Medical Officer of Health and School Medical Officer for the City of Hull and Port Medical Officer of Health to the Hull and Goole Port Health Authority for 21 years. During this time he gave unfailing and devoted service to the community and many of the schemes which he instituted are now bearing fruit. I am most happy to have succeeded him and can only hope that I shall render the same high quality of service as he has done. In this I am sure that I will be aided to the fullest by all the staff of my Department whose loyalty and zeal go without question and also by the Chairmen and the Members of the various Committees and Sub-Committees concerned with the health of the citizens of Hull.

I have the honour to be,

Your obedient Servant,

ALEXANDER HUTCHISON,

*Medical Officer of Health and  
School Medical Officer.*



PART I  
STATISTICS  
SOCIAL CONDITIONS  
GENERAL HEALTH SERVICES

# VITAL STATISTICS

## SUMMARY OF PRINCIPAL VITAL STATISTICS

	1952	1951
Area of City in Acres.....	14,433	14,433
Census Population at 8th April, 1951 .....	299,068	299,068
Estimated Mid-year Home Population (Registrar-General).....	299,400	298,100
Number of inhabited houses (at end of year) according to Rate Books†	86,369	85,446
Marriages .....	2,859	2,829
Marriage-rate.....	19·1	19·0
Live Births .....	5,560	5,658
1952— <i>Legitimate</i> : Male, 2,688 ; Female, 2,548 ; Total, 5,236		
<i>Illegitimate</i> : Male, 160 ; Female, 164 ; Total, 324		
Crude Birth-rate per 1,000 of the population.....	18·57	19·0
Adjusted Birth-rate (see note—page 16).....	18·57	19·0
Stillbirths.....	137	134
1952— <i>Legitimate</i> : Male, 71 ; Female, 54 ; Total, 125		
<i>Illegitimate</i> : Male, 5 ; Female, 7 ; Total, 12		
Rate per 1,000 total (live and still) births .....	24·0	23·1
Deaths (all causes) .....	3,321	3,585
Crude death-rate per 1,000 population .....	11·1	12·03
Adjusted death-rate (see note - page 16) .....	12·6	13·71
Natural Increase of Population during the year.....	2,239	2,073
<i>Maternal Mortality—</i>		
Deaths from all Causes—Pregnancy, Childbirth and Abortion.....	3	10
Death-rate per 1,000 live births .....	0·54	1·77
<i>Infant Mortality—</i>		
Deaths of infants under 1 year of age.....	221	258
1952— <i>Legitimate</i> : Male, 113 ; Female, 94 ; Total, 207		
<i>Illegitimate</i> : Male, 7 ; Female, 7 ; Total, 14		
Death-rate of infants under 1 year of age —		
All infants per 1,000 live births .....	39·8	46
Legitimate infants per 1,000 legitimate live births.....	39	45
Illegitimate infants per 1,000 illegitimate live births .....	43	60
<i>Neo-Natal Mortality—</i>		
Deaths under 1 month of age.....	120	135
Rate per 1,000 live births .....	21·6	24

† Houses only, and excluding houses and shops.



	1952	1951
Deaths from Gastritis, Enteritis and Diarrhoea (under 2 years).....	19	22
Rate per 1,000 live births .....	3·42	3·89
Death-rates per 1,000 of population—		
Measles.....	0·01	0·00
Whooping Cough .....	0·00	0·03
Diphtheria .....	—	—
Cancer (malignant neoplasms, including neoplasms of lymphatic and hæmatopoietic tissues) .....	2·08	1·94
Tuberculosis—All forms .....	0·31	0·33
Respiratory .....	0·29	0·31
Non-respiratory.....	0·02	0·02

	Year ended 31st March,	
	1953	1952
The rateable value of the City .....	£1,882,194	£1,832,320
Average rate in the £ (excluding Water Charges).....	25s. 0d.	23s. 0d.
Gross Product of a 1d. General Rate .....	£7,842	£7,635
Net yield of a 1d. General Rate (after taking into account the cost of collection, allowances to owners and losses on collection).....	£7,424	£7,316
The expenditure of the Health Department during the financial year ended 31st March, 1953, was as under :—		

	Gross £	Income £	Net £
Sanitary Section (not including the Cost of Refuse Collection and Disposal) .....	54,968	5,454	49,514
National Health Service Act, 1946 .....	289,747	153,508	136,239
Health Services (Non-grant aided) .....	26,633	11,782	14,851
City Laboratory .....	8,567	2,690	5,877
TOTAL .....	£379,915	£173,434	£206,481

This expenditure represents a net charge on the ratepayers of 2s. 3·81d. in the £. The gross cost per head of the population is £1 5s. 5d. and the net cost 13s. 10d. (based on Registrar-General's estimated home population Mid-1952, 299,400).

## VITAL STATISTICS

*Marriages.* The number of marriages solemnised in the city was 2,859, compared with 2,829 during 1951 and 2,646 in 1950. The marriage rates per 1,000 of the population were : 1952, 19·1 ; 1951, 19·0 ; and 1950, 17·5.

*Births.* The births registered numbered 5,560 ; this includes the births of the children of Hull parents which occurred at maternity homes or at places outside the city, and excludes those of children born of mothers who were resident in Hull only temporarily. The birth-rate of 18·57 per 1,000 of the population compared with 19·0 in 1951 and 19·28 in 1950. The birth-rate for England and Wales in 1952 was 15·3, or a decrease of 0·2 on the 1951 rate of 15·5. The Hull rate for 1952 was 0·43 below that for 1951.

In 1950 the Registrar-General introduced area comparability factors for birth rates. The adjusted birth-rate of an area is calculated by multiplying the crude birth-rate (births per 1,000 of population) by that area's comparability factor to make it comparable from the natality point of view with the crude birth-rate of the country as a whole or with the natality of any other area similarly modified by its own factor. The comparability factor for Hull for 1952 was 1.00, which gives an adjusted birth-rate of 18.6 compared with a birth-rate for England and Wales as a whole of 15.3.

Of the total births in Hull during 1952, 2,848 were of males and 2,712 of females ; the figures recorded in each quarter were as follows :—

<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>	<i>Total</i>
1,476	1,519	1,288	1,277	5,560

The following figures show the number of births and the birth-rates for each of the last 5 years and at 10-yearly intervals from 1900 :—

<i>Year</i>	<i>No. of Births</i>			<i>Birth-rate</i>
1952 ....	....	....	5,560	18.6
1951 ....	....	....	5,658	19.0
1950 ....	....	....	5,825	19.28
1949 ....	....	....	6,210	20.95
1948 ....	....	....	6,683	22.7
1940 ....	....	....	4,984	18.6
1930 ....	....	....	6,288	20.6
1920 ....	....	....	8,469	29.1
1910 ....	....	....	8,014	29.1
1900 ....	....	....	7,820	32.7

There were 324 illegitimate births ; this is 5.8 per cent of the total, compared with 5.0 for 1951 and 5.8 for 1950.

*Deaths.* There were 3,321 deaths, equal to a crude death rate of 11.1 per 1,000 of the population compared with 12.03 in 1951 and 11.5 in 1950. The death-rates of England and Wales were : 1952, 11.3 ; 1951, 12.5 ; 1950, 11.6. The total number of deaths in Hull in 1952 was 264 less than in 1951.

In 1949 the Registrar-General re-introduced area comparability factors for death rates. The adjusted death-rate of an area is calculated by multiplying the crude death-rate (deaths per 1,000 of population) by that area's comparability factor to make it comparable from the mortality point of view with the crude death-rate of the country as a whole or with the mortality of any other area



similarly modified by its own factor. The comparability factor for Hull for 1952 was 1·14 which gives an adjusted death-rate of 12·6 compared with a death-rate for England and Wales as a whole of 11·3.

The deaths recorded in Hull were spread over the year as follows :

<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>	<i>Total</i>
1,006	822	637	856	3,321

The following statement shows the number of deaths and the death-rates for each of the last 5 years and at 10-yearly intervals from 1900 :—

<i>Year</i>	<i>No. of Deaths</i>			<i>Death-rate</i>
1952 ....	....	....	3,321	11·1
1951 ....	....	....	3,585	12·03
1950 ....	....	....	3,476	11·5
1949 ....	....	....	3,600	12·1
1948 ....	....	....	3,267	11·1
1940 ....	....	....	4,089	15·3
1930 ....	....	....	3,833	12·5
1920 ....	....	....	3,834	13·2
1910 ....	....	....	4,253	15·2
1900 ....	....	....	4,610	19·2

Full particulars of the mortality amongst infants and children under 5 years of age appear in the section of this report dealing with the Care of Mothers and Young Children (*see page 100*).

Comparative figures are given in Tables I and II. (*See pages 20 and 21.*)

*Causes of Death.* Table IIIa (*see page 22*) gives the principal causes of death under the new International Statistical Classification.

A comparison of the death-rates from diseases with the heaviest incidence in 1952, with those in 1951, is given below :—

	<i>1952</i>	<i>1951</i>
Bronchitis ....	0·73	0·91
Pneumonia ....	0·67	0·95
Cancer ....	2·08	1·94
Heart Disease ....	3·35	3·5
Vascular Lesions affecting		
Central Nervous System ....	1·27	1·3
Respiratory Tuberculosis ....	0·29	0·3

*Male and Female Deaths.* There were 1,765 deaths of males and 1,556 of females, the death-rates, based on the 1951 census proportion, (Males 143,202 ; Females 155,866.), being respectively 12·3 per 1,000 of the male population and 10·0 per 1,000 of the female population.

The diseases with heavier incidence in males were :—

	M.	F.
Respiratory Tuberculosis ....	57	30
Malignant neoplasms, including lung, Bronchus	111	17
Coronary disease, angina ....	216	130
Bronchitis ....	145	75
Ulcer of Stomach and Duodenum....	29	7

In contrast, the diseases with heavier incidence in females were :—

	M.	F.
Diabetes Mellitus ....	3	13
Vascular Lesions affecting central nervous system	176	204
Heart Diseases (excluding coronary disease, angina ; and hypertension with heart disease) ....	232	349
Maligant neoplasms, breast....	1	53

*Deaths from Road Vehicular Accidents.* The Coroner has been good enough to supply the following information on the fatal road accidents which occurred in his area during 1952.

21 inquests were held in connection with fatal accidents due to the use of a vehicle in a street or “public highway”. Of this number 12 were in respect of accidents which occurred in Hull and 9 in regard to accidents outside the city boundary.

A summary of the facts established in the 12 local cases is as follows :

*Pedestrians* (7)—1 knocked down by a motor-cycle whilst crossing the road ; 1 trapped between a motor trailer and a stationary motor lorry ; 5 children knocked down (2 run over by motor lorry ; 1 run over by an articulated lorry when running across the road ; 1 knocked down by an omnibus whilst walking across the road ; 1 run over by a pony and rully).

*Pedal Cyclists* (3)—2 knocked down by trailer (1 run over by a trailer attached to a tank lorry ; 1 run over by a trailer attached to a motor lorry) ; 1 collided with a motor lorry.

*Motor-Cyclists* (2)—1 fell from his motor-cycle after apparently striking the grass verge ; 1 collided with a lamp standard whilst riding his motor-cycle.

AGE PERIODS OF PERSONS KILLED

Age Period	Under 5 years	5-15 years	15-25 years	25-45 years	45-65 years	Over 65 years	Total
Males	2	2	2	3	—	—	9
Females	1	—	—	1	1	—	3
Total	3	2	2	4	1	—	12



TABLE I

VITAL STATISTICS OF WHOLE DISTRICT DURING 1952 AND PREVIOUS YEARS

20

Year	Population estimated for each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net Deaths belonging to the District									
		Number		Rate	Number	Rate	Of Non-residents registered in the District	Of Residents not registered in the District	Under 1 Year of age		At all Ages							
		Uncorrected	Correct- ed						Number	Rate per 1,000 live Births	Number	Rate						
													3	4	5	6	7	8
1	2																	
1948	294,200	6,570	6,683	22.7	3,191	10.8	104	180	309	46	3,267	11.1						
1949	296,400	6,276	6,210	20.9	3,518	11.9	158	240	259	42	3,600	12.1						
1950	302,100	5,876	5,825	19.3	3,372	11.2	129	233	200	34	3,476	11.5						
1951	298,100	5,408	5,658	19.0	3,504	11.8	159	240	258	46	3,585	12.03						
1952	299,400	5,687	5,560	18.6	3,251	10.9	163	233	221	40	3,321	11.1						

TABLE II

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1952

	BIRTH-RATE PER 1,000 HOME POPULATION		ANNUAL DEATH-RATE PER 1,000 HOME POPULATION								RATE PER 1,000 LIVE BIRTHS		
	Live Births	Still- Births	All Causes	Typhoid and Para- typhoid Fever	Small- pox	Tuber- culosis	Pneum- onia	Whoop- ing Cough	Diph- theria	Influ- enza	Acute Poliomy- elitis and Polioenc- ephalitis	Deaths under 1 year of age	Diarrhoea & Enteritis (under 2 years)
England and Wales	15.3	0.35	11.3	0.00	0.00	0.24	0.47	0.00	0.00	0.04	0.01	27.6†	1.1
160 County Boroughs and Great Towns, including London	16.9	0.43	12.1	0.00	—	0.28	0.52	0.00	0.00	0.04	0.01	31.2	1.3
160 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census 1951)	15.5	0.36	11.2	0.00	—	0.22	0.43	0.00	0.00	0.04	0.00	25.8	0.5
London Administrative County...	17.6	0.34	12.6	—	—	0.31	0.58	0.00	0.00	0.05	0.01	23.8	0.7
Kingston upon Hull	18.6	0.46	12.6	—	—	0.31	0.67	0.00	—	0.03	—	39.8	3.4

† Per 1,000 related births.

A dash (—) signifies that there were no deaths.

The adjusted birth-rate and death-rate for Kingston upon Hull has been used for purposes of comparison—see notes, p. 16.

TABLE IIIa—PRINCIPAL CAUSES OF DEATH, 1952

DEATHS IN AGE GROUPS OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT

CAUSE OF DEATH	Under 1 year	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 years and over	All Ages		Total Deaths in 1951
									Male	Female	
Tuberculosis of Respiratory System ...	—	—	1	3	27	43	9	4	57	30	87
Tuberculosis, other forms ...	—	2	1	1	3	—	—	—	3	4	7
Syphilitic Disease ...	—	—	—	—	1	11	3	2	7	10	17
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	1	—	—	—	—	—	—	—	—	1	8
Meningococcal infections ...	1	—	1	—	—	1	—	—	2	1	3
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
Measles ...	1	—	1	1	—	—	—	—	1	2	3
All other diseases classified as infective and Parasitic ...	—	2	1	—	2	1	—	1	5	2	7
Malignant Neoplasm, stomach ...	—	—	—	—	4	28	42	25	54	45	99
Malignant Neoplasm, lung, bronchus ...	—	—	—	—	9	67	47	5	111	17	128
Malignant Neoplasm, breast ...	—	—	—	—	3	25	18	8	1	53	54
Malignant Neoplasm, uterus ...	—	—	—	—	3	19	8	3	—	33	37
Other malignant and lymphatic neoplasms ...	1	2	3	2	19	99	91	84	186	115	301
Leukaemia and Aleukaemia ...	—	—	1	—	1	3	3	—	4	4	8
Diabetes Mellitus ...	—	—	—	—	—	4	6	6	3	13	16
Vascular lesions affecting central nervous system ...	—	—	—	—	1	88	129	162	17	204	380
Coronary disease, angina ...	—	—	—	1	5	110	137	93	216	130	346
Hypertension with heart disease ...	—	—	—	—	1	12	25	36	31	43	74
Other heart diseases ...	—	—	1	5	14	81	139	341	232	349	581
Other circulatory diseases ...	—	—	—	—	—	12	23	68	48	55	103
Influenza ...	—	—	—	—	2	3	3	1	4	5	9
*Pneumonia ...	54	6	1	2	8	39	41	49	112	88	200
Bronchitis ...	2	1	—	1	5	62	75	74	145	75	220
Other diseases of Respiratory System ...	—	2	—	—	1	8	1	10	13	9	22
Ulcer of Stomach and Duodenum ...	—	—	—	1	1	14	13	7	29	7	36
Gastritis, Enteritis and Diarrhoea ...	19	—	—	—	1	1	4	2	14	13	27
Nephritis and Nephrosis ...	—	—	1	3	11	26	22	12	43	32	75
Hyperplasia of prostate ...	—	—	—	—	—	—	14	16	30	—	30
Pregnancy, childbirth and abortion ...	—	—	—	—	2	—	—	—	—	3	3
Congenital malformations ...	37	3	1	1	3	2	1	—	21	27	48
Other defined and ill-defined diseases ...	102	3	8	5	23	49	33	50	142	131	273
Motor vehicle accidents ...	—	2	2	4	7	1	2	—	14	4	18
All other accidents ...	3	8	6	8	6	12	6	24	35	38	73
Suicide ...	—	—	—	—	10	10	8	5	22	11	33
Homicide and operations of war ...	—	3	2	—	1	—	—	—	4	2	6
TOTAL	221	34	31	39	174	831	903	1088	1765	1556	3321
											3585

\* including Broncho-pneumonia.



TABLE IIib.  
VITAL STATISTICS FOR THE YEAR 1952 IN RESPECT OF THE 21 WARDS IN THE CITY

District	Estimated Popula- tion	Area in acres, Land and Inland Water- ways	Persons to an acre	No. of Births	No. of Deaths	Birth Rate per 1,000 of Popula- tion	Death Rate from all causes per 1,000 Popula- tion	Deaths under 1 year per 1,000 Live Births
Albert	8,761	285	30.7	263	142	30.02	16.2	64.63
Alexandra	15,422	598	25.8	350	150	22.70	9.9	34.29
Beverley	13,773	993	13.9	221	157	16.04	11.4	49.77
Botanic	13,384	248	53.9	315	205	23.54	15.3	53.96
Coltman	15,054	220	68.4	478	184	31.76	12.2	31.38
Drypool	7,244	381	19.0	172	98	23.74	13.5	40.70
East Central	6,980	170	41.1	202	134	28.94	19.2	69.29
Marfleet	11,955	1,401	8.5	180	93	15.05	7.8	44.44
Myton	3,949	263	15.0	125	74	31.65	18.7	71.99
Newland	17,001	705	24.1	156	167	9.18	9.8	32.06
North Newington	15,943	278	57.3	285	191	17.87	12.0	28.07
Paragon	3,748	220	17.0	75	59	20.01	15.7	80.00
Park	9,531	214	44.5	172	140	18.05	14.7	52.32
Pickering	34,020	1,472	23.1	354	310	10.40	9.1	28.25
St. Andrew's	12,288	1,075	11.4	231	117	18.80	9.5	47.62
Southcoates	11,361	202	56.2	305	133	26.85	11.7	49.18
South Newington	13,026	332	39.2	292	153	22.43	11.8	20.55
Stoneferry	18,396	1,610	11.4	224	166	12.17	9.0	40.18
Sutton	24,619	2,070	11.9	465	187	18.89	7.6	32.25
University	32,312	1,576	20.5	443	320	13.71	9.9	15.81
West Central	10,633	120	88.6	252	141	23.70	13.3	39.68
TOTAL	299,400	14,433	20.74	5,560	3,321	18.57	11.1	39.75

NOTE—Ward population figures under the Census, 1951, are not yet available. The estimated Ward populations shown above and the Birth and Death rates based thereon have been calculated locally and, therefore, are not authoritative figures.

# NATURAL AND SOCIAL CONDITIONS OF THE AREA

## METEOROLOGY

Meteorological records are kept by the General Superintendent of Parks at a Climatological Station in Pearson Park. Readings are taken daily at 9 a.m. and 9 p.m.

Particulars of the meteorological readings will be found in Table IV.

## POPULATION

*Census.* At the Census taken on the 8th April, 1951, the number of persons enumerated in the city was 299,068 (143,202 males and 155,866 females), as against 313,544 in 1931 (152,632 males and 160,912 females).

Table V (*page 27*) brings up to date the information relating to population supplied last year.

TABLE IV

METEOROLOGICAL REPORT FOR THE YEAR 1952

1952	At Nine a.m. Local Time		At Nine p.m. Local Time				Mean Relative Humidity.	Mean Temperature at 9 p.m. Readings.	Under-ground Temperature		Total Hours of Bright Sunshine.	Directions of the Wind							Total Rainfall.				
	Mean Reading of				Reading of Self-registering Thermometers				At 1 ft.	At 4 ft.		N.	N.E.	E.	S.E.	S.	S.W.	W.		N.W.	Calm		
	Baro-meter	Attach-ed Therm.	Dry Bulb Therm.	Wet Bulb Therm.	Max. in Air	Min. in Air																Max.in Rays of Sun	Min. On Grass
January	ins. 29.69	deg. 41	deg. 36.9	deg. 35.5	deg. 41	deg. 33	deg. 50	deg. 28	deg. 37	deg. 37.2	deg. 43.6	hours 54.8	1	2	4	1	13	1	9	—	ins. 1.53		
February	29.57	42	37.7	36.1	44	34	61	28	39	36.2	41.0	74.9	2	—	—	—	11	4	12	—	0.72		
March	29.78	46	44.1	41.7	49	38	73	33	44	42.3	42.7	64.0	3	5	1	8	3	4	3	4	2.53		
April	29.93	50	50.1	46.3	58	41	87	35	50	46.2	44.4	129.2	—	5	—	6	1	11	1	5	1.16		
May	29.98	58	57.2	53.1	64	47	100	42	56	55.0	49.1	175.9	—	6	4	8	2	6	2	3	1.18		
June	29.96	61	59.5	54.6	68	50	104	47	59	59.1	53.6	160.2	2	1	—	2	3	9	8	4	2.02		
July....	30.06	65	63.1	58.5	69	55	105	50	62	63.7	57.0	150.6	2	7	1	—	1	8	2	10	2.53		
August	29.82	63	62.7	58.4	70	54	104	48	62	61.9	58.1	157.2	—	4	—	2	2	14	—	8	1.23		
September	29.85	56	54.1	50.3	59	46	91	41	53	55.3	56.7	113.8	3	8	—	—	7	5	7	—	3.63		
October	29.76	51	48.9	46.4	55	43	79	37	49	48.0	52.2	107.8	4	2	2	4	3	6	—	9	2.41		
November	29.90	44	39.7	38.1	45	35	57	29	40	41.5	48.4	51.1	3	6	1	1	1	1	14	2	3.08		
December	29.82	41	36.3	35.4	42	34	48	29	38	36.6	43.4	30.8	1	3	—	1	1	13	3	8	1.82		
Total or Average	29.88	52	49.2	46.2	55	43	80	37	49	48.6	49.2	1270.3	21	49	13	32	18	103	30	93	723.84		



TABLE IV—*Continued*

## METEOROLOGY

Climatological Station, Pearson Park

Eight feet above sea level

					1952	1951
Highest Mean Temperature	....	....	....		73 deg. 30th June	70 deg. 3rd August
Lowest Mean Temperature	....	....	....		28 deg. 27th Jan. and 15th Dec.	28·5 deg. 29th Jan.
Total Rainfall	....	....	....	....	23·84 ins.	27·74 ins.
No. of days on which rain fell		....	....		261	257
No. of sunless days	....	....	....	....	70	81
No. of hours of bright sunshine		....	....		1270·3	1314·0

Direction of prevailing wind :—

			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
1952	....	....	21	49	13	32	18	103	30	93	7
1951	....	....	20	51	11	54	17	131	14	59	8

## SUNSHINE AND RAINFALL FOR 1952 AND PREVIOUS 5 YEARS

	ANNUALLY		THIRD QUARTERS					
	Hours of Bright Sunshine	Inches of Rain	Hours of Bright Sunshine			Inches of Rain		
			July.	Aug.	Sept.	July	Aug.	Sept.
1947	1,390	18·94	183·7	233·8	150·2	0·88	0·69	0·94
1948	1,312	24·64	170·6	122·8	117·1	0·83	3·47	1·35
1949	1,561	17·98	218·5	206·2	144·6	1·64	1·70	1·12
1950	1,337	30·81	208·3	180·4	99·3	2·99	4·48	2·69
1951	1,314	27·74	180·2	152·1	125·8	1·54	5·31	1·07
1952	1,270	23·84	150·6	157·2	113·8	2·53	1·23	3·63



## GENERAL PROVISION OF HEALTH SERVICES

Under the National Health Service Act which came into operation on the 5th July, 1948, a comprehensive health service is available to every member of the community.

Responsibility for operating the services provided under the Act is entrusted to three different bodies—(a) Executive Councils, (b) Regional Hospital Boards, and (c) Local Health Authorities, each of which is concerned with a different but inter-related aspect of the work.

*Executive Councils.* These Councils are responsible for the General Medical Practitioner Service and the General Dental, Pharmaceutical and Supplementary Ophthalmic Services.

At the end of the year 294,526 persons resident in Kingston upon Hull were included in the list of Hull doctors, and a further 929 such persons were registered with doctors practising in the area of the East Riding of Yorkshire Executive Council, making a total of 295,455 persons registered with doctors.

There were 120 principal doctors, assisted by 11 assistant practitioners providing medical services under the National Health Service in Kingston upon Hull at 31st December.

*Regional Hospital Boards.* For the purpose of hospital administration and the organisation of specialist medical services, the country is divided into areas, each with a Regional Hospital Board. These Boards are responsible for planning the hospital and specialist services of the region and for initiating and co-ordinating locally the general hospital policy outlined in the Act. The day to day administration of the services is carried out by Hospital Management Committees, each of which is responsible for a group of hospitals.

Kingston upon Hull is included in the area of the Leeds Regional Hospital Board, and the hospitals in and around the city are divided into two groups. The first, comprising mainly the general and maternity hospitals, is administered by the No. 4 Hull (A) Group Hospital Management Committee, whilst the tuberculosis, infectious disease and mental hospitals are controlled by the No. 5 Hospital Management Committee—Hull (B) Group.

*Local Health Authorities.* County Councils and County Borough Councils are classified as Local Health Authorities and, as such, are responsible for carrying out the remaining branches of the National Health Service. Full details of the work performed in Hull during 1952 are given in a later section of this Report.



## CLINICS, TREATMENT CENTRES, ETC.

The Maternity and Child Welfare and School Clinics, provided by the Corporation, are interavailable to patients as required.

(a) **Maternity and Child Welfare.**

**Infant Welfare Clinics—**

69 Coltman Street	Monday	2 p.m.
King's Hall, Fountain Road	Tuesday	} 2 p.m.
	Thursday	
East Hull Clinic, Morrill Street	Wednesday	} 2 p.m.
	Thursday	
Methodist Mission Rooms, Carlton Street	Tuesday	2 p.m.
Parish Hall, Church of Transfiguration, Albert Ave.	Wednesday	} 2 p.m.
	Friday	
Methodist Church Rooms, Cottingham Road	Wednesday	} 2 p.m.
	Friday	
Methodist Rooms, Sutton	Tuesday	2 p.m.
North Hull Clinic, Ellerburn Avenue	Wednesday	} 2 p.m.
	Thursday	
Methodist Mission Hall, Preston Road	Tuesday	} 2 p.m.
	Friday	
Church of the Ascension, Priory Road	Monday	} 2 p.m.
	Friday	
St. Nicholas Church Hall, Pickering Road	Wednesday	2 p.m.
St. Martin's Church Hall, North Road	Monday	2 p.m.
Froghall Lane, Sutton Road	Wednesday	2 p.m.
Sykes Street	Friday	2 p.m.
St. George's Church, Marfleet Lane (closed 30th October)	Thursday	2 p.m.
St. Ninian's Church Hall, Chanterlands Avenue	Friday	2 p.m.
St. Michael's Church Hall, Holderness Road	Thursday	2 p.m.
St. Philip's Church, Amethyst Road (opened 3rd November)	Monday	2 p.m.

**Toddlers' Clinics—**

69 Coltman Street	Thursday	2 p.m.
East Hull Clinic, Morrill Street	Friday	2 p.m.

**Ante-Natal Clinics—**

Sykes Street		
For Municipal District Centre cases	Monday	} 2 p.m.
	Thursday	
	Wednesday	
For cases referred by Doctors and Midwives		9-30 a.m.
East Hull Clinic, Morrill Street	Monday	} 2 p.m.
	Tuesday	
	Monday	} 9-30 a.m.
	Wednesday	
North Hull Clinic, Ellerburn Avenue	Tuesday	9-30 a.m.
69 Coltman Street	Monday	} 9-30 a.m.
	Wednesday	
	Tuesday	} 2 p.m.
	Wednesday	
Church of the Ascension, Priory Road	Tuesday	9-30 a.m.
St. George's Church, Marfleet Lane	Thursday	9-30 a.m.
<b>Gynæcological Clinic—</b>		
Sykes Street	Tuesday	9-30 a.m.

**Artificial Sunlight Clinics—**

69 Coltman Street

Tuesday	}	9-30 a.m.
Friday		

East Hull Clinic, Morrill Street

Tuesday	}	9-30 a.m.
Friday		

North Hull Clinic, Ellerburn Avenue

Monday	}	9-30 a.m.
Thursday		

Sykes Street

Tuesday	}	9-30 a.m.
Friday		

**X-Ray Clinic—**

East Hull Clinic, Morrill Street

Monday	{	9 a.m. to 12 noon
to Friday		

**Orthopædic Clinic—**

East Hull Clinic, Morrill Street

Monday	{	9 a.m. to 12 noon
Wednesday		
Thursday		

For Maternity Hospital cases only—

Sykes Street—

Ante-Natal Clinic

Tuesday	}	2 p.m.
Wednesday		

Post-Natal Clinic

Saturday	}	9-30 a.m.
Monday		

**(b) Day Nurseries—**

50 Pearson Park.

449 Holderness Road

{	Monday to Friday
	7 a.m. to 6 p.m.,
	Saturday 7 a.m. to 2 p.m.

**(c) School Clinics—****Inspection Clinics**

74 Beverley Road

Monday, Wednesday and Thursday, 1-45 to 5 p.m.

114 Coltman Street

Monday, Wednesday and Thursday, 1-45 to 5 p.m.

Morrill Street

Tuesday and Friday, 1-45 to 5 p.m.

Ellerburn Avenue

Tuesday and Friday, 1-45 to 5 p.m.

Ainthorpe Grove

School

Alternate Thursdays, 1-45 to 4 p.m.

Hopewell Road

School

Alternate Thursdays, 1-45 to 4 p.m.

**Minor Ailments Treatment Clinics—**

74 Beverley Road

Monday to Friday, 9 a.m. to 12 noon and 1-45 to 5 p.m. Saturday, 9 a.m. to 12 noon

114 Coltman Street

Do. do. do.

Morrill Street

Do. do. do.

Ellerburn Avenue

Monday to Friday, 1-45 to 5 p.m. Saturday, 9 a.m. to 12 noon.

Ainthorpe Grove

School

Monday to Friday, 1-45 to 4 p.m.

Hopewell Road School

Do. do.

**Dental Clinics—**

74 Beverley Road

114 Coltman Street

Morrill Street

Ellerburn Avenue

Monday to Saturday at various centres, as arranged.

**Ophthalmic Clinics (Refraction work and prescription of spectacles)—**

74 Beverley Road

114 Coltman Street

Morrill Street

Ellerburn Avenue

Monday, Tuesday, Thursday, Friday and Saturday at various centres, as arranged

Aural Clinics—	74 Beverley Road	Friday, 2 to 4 p.m., as arranged.
	114 Coltman Street	Tuesday, 2 to 4 p.m., as arranged.
	Morrill Street	} Thursday, 10 a.m. to 12 noon, as arranged.
	Ellerburn Avenue	
Orthopædic Clinic—	74 Beverley Road	Monday, Wednesday, Thursday and Friday, 9 a.m. to 12 noon. Monday, Tuesday, Wednesday and Thursday, 2 to 5 p.m. Inspections by Orthopædic Surgeons, as arranged.
	Ellerburn Avenue	Friday, 2 to 5 p.m. Inspections by Orthopædic Surgeons, as arranged.
	114 Coltman Street	Tuesday, 9 a.m. to 12 noon.
Cerebral Palsy Clinic—	Park Avenue	Inspections by Pædiatrician, as arranged.
	Special School	
Rheumatism and Heart Clinic—	74 Beverley Road	} Thursday, 2 to 5 p.m. as arranged.
	and Morrill Street	
Paediatric Clinic—	74 Beverley Road	} Monday, 9-15 to 10-15 a.m. as arranged. Friday, 9-15 to 11-15 a.m. as arranged.
	and Morrill Street	
Child Guidance Clinic—	New Cross Street	Monday to Friday 2 p.m. to 5 p.m.
Speech Therapy Clinic—	74 Beverley Road	} Monday to Saturday, 9 a.m. to 12 noon. Monday to Wednesday, and Friday, 1-30 to 4-30 p.m.
Chiropody Clinics—	74 Beverley Road	} Thursday, 9 a.m. to 12 noon. Monday, 9 a.m. to 12 noon. Tuesday, 9 a.m. to 12 noon.
	and Morrill Street	
	114 Coltman Street	
	Ellerburn Avenue	

*X-Ray Facilities.* X-Ray facilities have continued to be available at the East Hull Clinic for expectant mothers referred from the Ante-Natal Clinics, for children referred from the Infant Welfare and School Clinics, and for patients from the Chest Clinics and the General Health Department. During 1952, 355 cases were referred by the Maternity and Child Welfare Section ; 145 by the School Health Service ; 2,857 by the Chest Clinics, and 382 by the General Health Department.

*Registration of Nursing Homes.* The supervision and inspection of registered maternity and other nursing homes are carried out in pursuance of the provisions of the Public Health Act, 1936, and the model bye-laws issued by the Ministry of Health.

At the end of 1952 there were 6 Homes on the Register ; 2 provide accommodation for maternity and chronic medical cases ; 2 take maternity, medical and surgical cases ; and 2 provide accommodation for chronic medical cases only.

Every Nursing Home was inspected by a Sanitary Inspector during the year, and also by the Senior Assistant Medical Officer of Health (Maternity and Child Welfare).

During the year 122 births occurred in registered private Maternity Homes ; 119 of these were live births and 3 were still-born ; no maternal death occurred.



## CHEMICAL AND BACTERIOLOGICAL LABORATORIES

The chemical and bacteriological work undertaken in the City Laboratories in 1952 is the subject of a separate report by the City Analyst and Corporation Bacteriologist, D. J. T. Bagnall, Esq., A.C.G.F.C., F.R.I.C.

The number of samples examined chemically, excluding those submitted by the East Riding County Council and the Hull and Goole Port Health Authority, totalled 6,833, including 3,152 submitted under the Food and Drugs Act.

A total of 1,286 samples were examined bacteriologically and included the following :—

Milk	....	....	....	....	....	....	636
Ice Cream	....	....	....	....	....	....	98
Ice Lollies, etc.	....	....	....	....	....	....	24
Other Foods	....	....	....	....	....	....	13
Waters	....	....	....	....	....	....	489

Most of the bacteriological work for the city is performed in the Medical Research Council's Public Health Laboratory, which is accommodated in the same building as the City Laboratories. The Public Health Laboratory is under the direction of Dr. J. H. McCoy, and serves as the bacteriological centre for a wide area of Yorkshire.

Dr. McCoy succeeded Dr. C. Lyn Greening who relinquished the post in May, 1952.

## NATIONAL ASSISTANCE ACT, 1948

Mr. H. G. Freeman, Director of Welfare Services, has kindly supplied the following particulars with regard to the working of the above-mentioned Act.

*Section 21—Provision of Accommodation.* Accommodation was provided by the Welfare Services Department as follows :—

	<i>Residential</i>			<i>Temporary</i>		
	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
Welfare Services Hostel—						
160 Beverley Road	73	126	—	8	36	15
188 Anlaby Road	89	29	—	13	47	54
Dunbar House, Sutton	18	—	—	—	—	—
Manor House, North Ferriby	13	19	—	—	—	—
Mentone House, Hessle....	10	12	—	—	—	—
Other premises....	—	—	—	8	13	51
Total	203	186	—	29	96	120

\* Includes 10 men and 10 women transferred during the year to Dunbar House, Manor House or Mentone House.

† Includes 2 men, 4 women and 16 children transferred during the year to "other premises".

Included in the grand total above are 15 cases of evicted families, 6 of which still remain ; the balance, 9 in number, being disposed of in the following manner :

Found accommodation by own efforts ....	6
Rehoused through Housing Department on approach by the Welfare Services Department ....	3

The need for accommodation was removed in a further 89 cases through disposal by the Welfare Services Department in the following manner :—

Rehoused through Housing Department ....	17
Rehoused through private landlords ....	14
Arrangement for accommodation at the Salvation Army Hostel and other Establishments (able-bodied men) ....	30
Returned to relatives following settlement of domestic upheaval through the medium of Welfare Services Department intervention ....	27
Suspension of Eviction Orders following approach to Agents or landlords by Welfare Services Department ....	1

*Section 26—Voluntary Organisations.* Under the provisions of Section 26, the Welfare Services Committee are making financial contributions to 5 Voluntary Organisations in respect of residential accommodation provided by them, as follows :—

	<i>Men</i>	<i>Women</i>
In three Hostels for the Aged ....	17	53
Hostel for the Deaf and Dumb ....	9	5
Hostels for the Blind ....	12	5
	—	—
	38	63
	—	—

*Section 29—Care of the Blind, etc.* In pursuance of the provisions of this Section of the Act, the Welfare Services Committee, through the agency of the Hull and East Riding Institute for the Blind, arranged for the employment of 107 blind men and women at the Institute's workshop in the following trades :—

Cane furniture	Basket Making	Brush Making
Mat Making	Knitting	Chair re-seating

Arrangements were made for the general welfare of the blind in the city, totalling 645 persons.

*Section 47—Persons in Need of Care and Attention.* Action under the provisions of Section 47, National Assistance Act, 1948, was contemplated in 4 cases although actual removal was only effected in one instance where a successful application was made in the Court, the patient being removed to the Kingston General

Hospital. The remaining 3 cases on being informed of this Department's intentions voluntarily agreed to be admitted to hospital; two were admitted to Western General Hospital and one to Kingston General Hospital.

## GENERAL HEALTH SERVICES

*Open Spaces.* A return prepared by the General Superintendent of Parks, etc., shows that there are in the city and immediately adjoining it, approximately 758 acres of Public Parks, Gardens, Recreation Grounds and open spaces owned by the Corporation; and particulars kindly furnished by the Director of Education indicate other open spaces to include sites controlled by the Education Committee and prepared for school playing fields, of an area of 271 acres. Additional sites not prepared for this purpose total 121·68 acres. The land owned or tenanted by the Corporation and used for public allotments is 279 acres, including 22 acres used for war-time allotments. As stated in previous reports, the importance to the public health of developing facilities for open-air recreation cannot be over-rated.

*Public Baths, Wash-houses, etc.* The City Engineer has supplied the following particulars as to attendances at the public baths and wash-houses during 1952 :—

Swimming Baths	....	....	....	....	476,716
Slipper Baths	....	....	....	....	165,047
Electro-medical, vapour, etc.	....	....	....	....	14,239
Wash-houses	....	....	....	....	106,411
<b>Total</b>	....	....	....	....	<hr/> 762,413 <hr/>

The total attendances for the year 1951 and 1950 were 835,686 and 804,768 respectively.

The 10 public swimming baths are all equipped with modern filtration plants which ensure the water being kept in satisfactory condition.

*City Mortuary.* The public mortuary is situated in a disused burial ground in Castle Street. Attached is a properly equipped post-mortem room for the use of medical practitioners, in which 386 post-mortem examinations were carried out in 1952.

In order to enable extensive war damage repairs to be carried out to the roof of the Mortuary buildings, these premises were closed from 9 a.m. 30th August to noon 29th September. During that period temporary mortuary facilities were provided at the Kingston General Hospital by kind permission of the No. 4 Hull (A) Group Hospital Management Committee.



Owing to the age and unsuitability of the present mortuary premises, attention is being given to the preparation of a scheme for a new Mortuary and Coroner's Court, to be erected on a site in the Drypool area and adjacent to the Eastern Docks.

Inquests were held at the Coroner's Court, 181 George Street.

Dr. Philip Science, Her Majesty's Coroner for the city, has kindly furnished the following statistics in relation to inquests, post-mortems, etc., held in the year 1952, together with comparative figures for the year 1951.

	1952	1951
Inquests and post-mortems (including post-mortems where inquests were found to be unnecessary) ....	637	616
Enquiries, etc., in connection with which there were no post-mortems ....	130	124
	<hr/> 767	<hr/> 740
Inquests with Jury, exclusive of adjournments ....	<hr/> 54	<hr/> 47
Bodies accommodated at :		
City Mortuary ....	403	469
Hospitals, etc. ....	364	271
	<hr/> 767	<hr/> 740

*Disposal of the Dead.* The General Superintendent of Parks, etc., has submitted the following information regarding cemeteries :—

Total area of cemetery land ....	194 acres
Area in use for interments ....	111 „
Area reserved for cemetery extensions but used for other purposes ....	83 „

The present accommodation for the disposal of the dead is considered to be adequate for a number of years.

*Cremation.* The Crematorium is on a site adjoining the Hedon Road Cemetery. It was the first Municipal Crematorium in the country and was opened on the 2nd January, 1901, the first cremation taking place on the 7th January of the same year.

Since the 14th November, 1939, no fee has been charged by the Corporation in respect of the cremation of the remains of Hull residents.



PART II

SANITATION

HOUSING

FOOD INSPECTION



## SANITARY CIRCUMSTANCES OF THE AREA

*Water.* The Water Engineer and Manager has kindly supplied the following information.

The supply throughout the year has been satisfactory both in quality and quantity.

Bacteriological examinations have been made frequently and chemical examinations at varying intervals. The chloramine process has been in operation, the normal dosage being 0·15 parts per million.

The water supplied is not liable to have plumbo-solvent action.

All water leaving the pumping stations is bacteriologically pure. When new mains are laid or alterations take place such mains are sterilised before the water is put into circulation.

The number of dwellinghouses and the estimated population supplied in the city area are 90,382 and 299,400 respectively. All supplies taken from the Corporation's supply are direct mains connections.

*Sampling of Water.* Regular routine samples of the City's water supply are taken from various points of the City and submitted by the City Analyst and Bacteriologist to the presumptive Bac. Coli. Test. The results of his examinations throughout the year will be published in his Annual Report. He also examines the water for residual chlorine.

*Drainage and Sewerage.* The following particulars are submitted from information supplied by the City Engineer.

Work continued throughout the year on the construction of the substructure of the new West District Pumping Station in Goulton Street, which is designed to deal with the drainage of West Hull and Haltemprice. Progress has not been as rapid as the Contractors had anticipated and further delays have been occasioned because of the difficulty of obtaining steel which has rendered necessary additional improvisation and re-design. Extreme care has had to be taken to minimise

subsidence to the existing pumping station adjacent due to the deep excavations for the new station, it being essential to maintain the old pumping plant in operation until the new station is completed. It is estimated that the substructure will be completed by the end of 1953 and the superstructure on which design work has now been suspended temporarily due to the staff shortage, by the end of 1955.

The construction of the 10' 9" diameter Outfall Sewer, through which the new pumping station will discharge the screened sewage to the River Humber, has continued throughout the year. Further set-backs and complications were encountered during the construction of the outfall and forebay chambers but it is anticipated that this contract will be completed during the early part of 1953. Included in this contract is the 8" diameter screenings rising main through which the disintegrated screenings from the new station will be discharged to the River Humber on the ebb tide.

Work on the construction of the 8' 0" diameter Western Branch Trunk Sewer has continued throughout the year and three open cut sections are now being operated, but again progress has been retarded by the shortage of steel sheet piling. Originally it was intended to operate in addition to the three open cut sections, two sections in tunnel. Due to the steel shortage, however, the manufacture of the tunnelling shields has not been possible and it has therefore been decided to operate a fourth section in open cut in lieu of one of the tunnel sections. It is anticipated that this fourth section will be commenced in March, 1953 and that the one tunnel section will be commenced in August, 1953. The Common East Drain on the north side of Hessle Road from St. Nicholas Avenue to Anlaby Park Road has been piped and is being filled in using surplus spoil from the trench excavations for the Western Branch Trunk Sewer. The estimated completion date for this contract is now the end of 1955.

Design work and the preparation of the contract documents for the first two sections of the Northern Branch Trunk Sewer as far as the junction of Walton Street and Spring Bank West, continued during the earlier part of the year, but was eventually suspended due to a shortage of technical staff. The completion of the first two sections of this trunk sewer will assist in the removal of the Walton Street drainage bottleneck but the Ministry of Housing and Local Government have not yet given permission to advertise for tenders though the scheme was submitted in April, 1951.

The policy of restricting development in North West Hull because of the overloaded nature of sections of the existing drainage system, has been continued. Relaxation of these restrictions will not be possible until the Northern Branch Trunk Sewer and the new Pumping Station in Goulton Street are in operation.



In East Hull, construction of the 5' 0" diameter trunk sewer in Holderness Road extending from Saltshouse Road to Ganstead Lane corner, has continued. The sewer is designed to serve Sutton No. 2 Neighbourhood Unit and in addition it will receive some flow from the Holderness Rural District. Progress has not been so rapid as had been anticipated and it is now estimated that the sewer will be completed in April, 1953.

Towards the end of August, the Ministry of Housing and Local Government authorised the Corporation to advertise for tenders for the Somerden Road Sewer which will serve Neighbourhood Unit No. 15 (Grange Road Estate). Work on the final design and the preparation of the contract documents has only been possible on those occasions when staff could be released from the West Hull and Haltem-price Joint Main Drainage Scheme and it has not yet been found possible to complete this work. It is at present estimated that constructional work will not be commenced until mid 1953.

The control of the discharge of trade effluent from industrial premises into the sewers has continued with the object of reducing the damage and obstructions so caused.

*Watercourses, Streams, etc.* Midsummer saw a return of the trouble experienced in previous years in connection with the Beverley and Skidby drain and many complaints were received regarding the offensive and stagnant condition of the water, particularly in that part of the watercourse running through the northern section of the City.

This drain, which joins the River Hull at Fountain Road, has only a very slight fall and consequently the movement of water is sluggish. It has been a constant source of trouble to the Department for many years. The cause of trouble on this occasion, which was undoubtedly aggravated by the warm weather, was found upon investigation to be due to the fact that a secondary dam required to prevent water from the River Hull passing into the sewer had been demolished. Representations were immediately made to the City Engineer and the dam was re-erected late in the summer and the conditions improved. A further effort to obtain a good movement of water was made by the Hull and East Yorkshire Rivers Board who removed all possible obstructions in the Fountain Road area of the drain. Towards the end of the year, the water was found to be in a good condition and no further complaints were received.

Complaints were also received regarding the condition of several agricultural drains in various parts of the City. In most cases the trouble was found to be due to obstruction by weeds and branches. The necessary cleansing was carried out following suitable action by the Department.



*Public Cleansing.* The collection and disposal of refuse, street cleansing, including snow removal, and the maintenance of public lavatories in the city are under the control of the Public Cleansing Superintendent, who issues an annual report upon the work of his department. Herewith are particulars from information kindly furnished by him :

Collection—									<i>Tons</i>
Refuse	....	....	....	....	....	....	....	....	64,375
Waste Paper		....	....	....	....	....	....	....	909
Food Waste		....	....	....	....	....	....	....	2,425
									<hr/>
							Total	....	67,709

Disposal—						<i>Tons</i>
By separation and incineration ....	....	....	....	....	....	54,991
By controlled tipping ....	....	....	....	....	....	9,384
						<hr/> 64,375
By sales of salvaged waste paper ....	....	....	....	....	....	909
By sales of salvaged food waste....	....	....	....	....	....	2,425
						<hr/>
				Total ....	....	67,709

Additional quantities of refuse delivered by private traders were also disposed of as follows :—

						<i>Tons</i>
By separation and incineration	....	....	....	....	....	572
By controlled tipping	....	....	....	....	....	2,110
						<hr/>
				Total	....	2682

Total materials disposed of by means of controlled tipping are as follows :

					<i>Tons</i>
Refuse collected by Department	....	....	....	....	9384
Refuse delivered by private traders	....	....	....	....	2110
Residual materials from Refuse Disposal Plants (dust, clinker, etc.)	....	....	....	....	26,019
Street sweepings and gully detritus	....	....	....	....	3,743
					41,256

The level of lowlying land at Bransholme Farm is being raised by tipping a layer of refuse and replacing the top-soil. Work on a 10-acre field has already been completed and operations are in progress on a field of 35 acres.

Refuse is also being tipped on a site at the Bilton Grange Estate where it is proposed to build a wind-break in the form of a high bank.

Owing to the scarcity of suitable tipping sites, small ponds and low lying fields are being filled in on farms several miles from the city. These are in the Holderness area at Paull, Hedon and Burstwick.

*Street Cleansing.* Some 246 miles of streets and public thoroughfares are swept either daily, three times weekly, twice weekly or once weekly, according to circumstances.

During winter months, radio telephones fitted to three of the Department's vehicles have again proved of inestimable value. By these means the drivers of the vehicles can be contacted by telephone in any part of the city. On receipt of urgent calls from the Police or Transport Department that certain sections of roads are in a dangerous condition due to ice or frozen snow, these vehicles can be despatched or diverted at once with their load of grit and salt to the danger points. A further advantage is that the drivers of these vehicles can report immediately any change of weather conditions and so enable appropriate action to be taken.

*Gully Cleansing.* The total number of gully emptyings carried out during the year was 58,727.

*Salvage.* The total income from salvaged materials during the year was approximately £50,000 mainly from waste paper, food waste, scrap metals and the sale of steam piped from the Refuse Disposal Plant to an adjoining trading undertaking.

An income of approximately £12,000 is realised each year from the sale of feeding stuff which is processed at the Concentrator Plant at the Scarborough Street Depot from raw food waste. During the year, approximately 1,652 tons of concentrated feeding stuff was manufactured from a total intake of 2,425 tons of raw foodwaste.

*Public Lavatories and Conveniences.* 7 attended and 42 unattended public lavatories and conveniences in various parts of the city are maintained by the Department. Damage is still incurred by the wilful breaking of automatic locks, windows, sparge-pipes and fitments at these conveniences and it is regrettable that such wanton damage to public property continues.

*Staff.* The total staff of the Department at 31st December was 569 employees.

*Equipment.* The total number of vehicles operated by the Department was 102 ; comprising refuse collection vehicles, haulage vehicles, mechanical gully emptiers, mechanical sweeping machines, tip tractors, drag-line excavator, etc.

*Closet Accommodation.* There were still approximately 100 privies and pail closets in the city at the end of 1952. All these are in outlying districts where sewers are not available.



## SANITARY INSPECTION OF DISTRICT

In previous reports, reference has been made to the great increase in the volume of work which has occurred since the war. This has been due mainly to the bad state of repair into which large numbers of houses have fallen. During the war, property received very little attention, apart from the repair of war damage, and there are many old houses which received so much shaking that their roofs, etc., will continue to be a constant source of trouble. Ordinary works of maintenance, such as external painting, have been generally neglected owing to high costs and fixed rents, and the result of this has been decayed woodwork of doors, window frames, eavesgutters, etc. A further important factor has been the suspension of slum clearance work, so that thousands of houses which should be demolished on account of their unfitness for human habitation must be patched and re-patched until sufficient new houses have been built to ease the general housing shortage and permit a resumption of slum clearance. Before the war, most property owners attended to repairs voluntarily, without any action by the Health Department, and when there was any delay, an informal notice or letter from the Chief Sanitary Inspector was usually complied with, so that no further steps became necessary. The service of statutory notices, the execution of work in default, and the institution of legal proceedings were required only in exceptional cases ; now they are becoming the rule rather than the exception. Comparing 1938 with 1952, the number of complaints received has risen from 2,505 to 9,377 ; the number of statutory notices served under the Public Health Act has risen from 407 to 2,433 ; and the number of cases where work had to be carried out in default of owners, or legal proceedings instituted, has risen from 53 to 746.

It will, however, be seen, upon reference to the tables headed " Summary of Inspections and Subsequent Action ", that many of the figures relating to complaints received, inspections made, notices served, and repairs or improvements effected, are lower than those for the previous year, and it will be interesting to note whether this trend continues next year. If it does, it may indicate that we have passed the peak of our post-war difficulties, and the slight reduction in the number of complaints received supports that view. On the other hand, the reduction in the number of inspections carried out might well be the natural result of staff shortages which have persisted throughout the year, and that in turn, could account for the reductions in notices served and repairs effected.

The inspectorial staff has been below the authorised establishment for several years and repeated advertisements in technical journals have failed to bring any

response. Efforts have been made to counter this difficulty by improving the efficiency of our organisation, and with this object in view, a re-arrangement of districts took effect from the 1st September. Under the old arrangement, the city was divided into twelve districts, each served by a district sanitary inspector and an assistant. It is now divided into eighteen districts, with one man only on each district. The main purpose of this change was to effect a saving in the time spent in travelling, as the work of each inspector is now concentrated into a smaller area. It also does away with the division of responsibility between inspector and assistant, and makes one man clearly responsible for his own work. Other advantages are simplification of records, and better prospects of promotion for the younger men. It has not overcome our difficulties in recruiting new staff, and there were still three vacancies at the end of the year, but it hoped that it may encourage some of our newly qualified inspectors to remain in the city.

The following table gives a comparison of the figures for 1938 with those of the present year :—

	1938	1952
Complaints received <i>re</i> housing defects	2,505	9,377
Notices for repairs served on landlords—		
Informal	7,634	8,408
Statutory	407	2,433
Reminder letters, etc.	2,453	4,979
Legal proceedings	1	97
Work carried out by Council in default of owners	52	649

### TABLE VI

## SUMMARY OF INSPECTIONS AND SUBSEQUENT ACTION

								1951	1952
Complaints registered	....	....	....	....	....	....	....	9622	9377
<i>Inspections and Investigations, etc.—</i>									
Houses (under Public Health Act)				....	....	....	....	13499	11476
Houses (under Housing Acts)			....	....	....	....	....	948	863
Houses (for overcrowding)	....	....	....	....	....	....	....	142	383
Passages, Areas, etc.	....	....	....	....	....	....	....	3405	2718
Keeping of Animals	....	....	....	....	....	....	....	526	381
Premises infested with—Rats or Mice				....	....	....	....	2874	3190
Insect Pests				....	....	....	....	1096	1363
Milkshops and Dairies		....	....	....	....	....	....	801	919
Ice-cream Premises	....	....	....	....	....	....	....	808	872
Caravans	....	....	....	....	....	....	....	320	581
Drainage	....	....	....	....	....	....	....	2722	2752
Other Statutory Nuisances	....	....	....	....	....	....	....	—	6
Miscellaneous	....	....	....	....	....	....	....	7403	7530
Totals (District Inspectors)	....	....	....	....	....	....	....	34544	33034
Offensive Trades Premises	....	....	....		{	Day	....	5627	4818
						Night	....	2716	2053
Smoke Observations and Inspections			....	....	....	....	....	2688	3208
Pigsty Premises	....	....	....	....	....	....	....	7364	4504
Common Lodging Houses	....	....	....		{	Day	....	1215	1277
						Night	....	132	159
Seamen's Lodging Houses	....	....	....		{	Day	....	810	901
						Night	....	136	124
Houses-let-in-lodgings	....	....	....		{	Day	....	3527	2359
						Night	....	366	364
Factories—General and Sanitary Provisions			....	....	....	....	....	1261	1318
Means of escape in case of fire	....	....	....	....	....	....	....	47	56
Shops (Observations and Inspections)			....	....	....	....	....	19397	16619
Shops (Sunday Trading)	....	....	....	....	....	....	....	4326	4353
Cinemas and Theatres	....	....	....	....	....	....	....	35	57
Bakehouses	....	....	....	....	....	....	....	1143	1114
Refreshment Rooms, Kitchens and other Workplaces	....	...						911	974
Totals (Specialist Inspectors)	....	....	....	....	....	....	....	51701	44258
Grand Totals	....	....	....	....	....	....	....	86245	77292
<i>Revisits and Re-inspections—</i>									
Houses (under Public Health Act)			....	....	....	....	....	7119	6210
Houses (under Housing Acts)		....	....	....	....	....	....	—	—
Factories—General and Sanitary Provisions			....	....	....	....	....	954	1016
Miscellaneous	....	....	....	....	....	....	....	20295	17166
Totals	....	....	....	....	....	....	....	28368	24392



TABLE VI—Continued

<i>Notices served—</i>								<i>1951</i>	<i>1952</i>
Informal	....	....	....	....	....	....	....	9584	8408
Statutory (under Public Health Act)				....	....	....	....	2642	2433
Statutory (under Housing Acts)			....	....	....	....	....	—	—
Statutory (under Prevention of Damage by Pests Acts).						....	....	1	6
Letters <i>re</i> Overcrowding	....	....	....	....	....	....	....	131	238
Other Letters, Verbal Notices and Reminders				....	....	....	....	6009	4979
Factories Act, 1937—Power Factories			....	....	....	....	....	32	37
			Non-power Factories		....	....	....	7	6
			Works of Building		....	....	....	—	—
Shops	....	....	....	....	....	....	....	320	117
Smoke Nuisances (informal)			....	....	....	....	....	52	43
Totals								18778	16267

*Verbal or Written Cautions re Infringement of Byelaws at Registered Premises—*

[illegible]

*Result of Action taken—*

[illegible]

TABLE VI—Continued

	1951	1952
<i>Contraventions remedied at Registered and other Premises—</i>		
Pigsty premises ....	28	278
Common Lodging Houses ....	53	78
Seamen's Lodging Houses ....	54	62
Houses-let-in-lodgings ....	1094	676
Factories (power and non-power) ....	107	147
Factories—means of escape in case of fire ....	9	9
Shops ....	629	320
Shops (Sunday Trading) ....	77	36
Bakehouses ....	34	35
Offensive Trades ...	87	107
	-----	-----
Totals ....	2172	1748
	-----	-----
<i>Houses in which defects were remedied—</i>		
By owners as a result of :		
Informal action ....	9172	7502
Notices under Public Health Act ....	2695	2167
Notices under Housing Acts ....	—	—
By Local Authority in default of owners :		
Under Public Health Acts ....	614	702
Under Housing Acts ....	—	—
Houses-let-in-lodgings ....	192	137
	-----	-----
Totals ....	12673	10508
	-----	-----
<i>Infectious Diseases—</i>		
Cases investigated ....	2183	1792
Extra visits <i>re</i> contacts ....	408	319
	-----	-----
Totals ....	2591	2111
	-----	-----

TABLE VII

## STATUTORY NOTICES SERVED DURING 1952

Act and Section under which served:—  (1)	No. of Notices served  (2)	No. complied with (including those served in previous years and complied with in 1952)  (3)	No. not complied with at the end of 1952  (4)	No. of Notices complied with by the Corporation in default of owner (included in Col. (3) )  (5)
<i>Byelaws—</i>				
Houses let in lodgings ....	33	30	3	—
<i>Public Health Act, 1936—</i>				
Section 24—Sewers ....	491	551	21	362
Do. (as amended by Section 49 of the Kingston upon Hull Corporation Act, 1952 ....	81	70	10	53
Section 39—Drains ....	212	197	64	56
„ 44—Insufficient closet accommodation ....	1	1	—	—
„ 45—Water-closets ....	170	158	39	19
„ 56—Paving of : Yards ....	75	57	26	6
Courts ....	56	44	19	18
Passages ....	131	109	66	46
„ 75—Dustbins ....	291	305	53	82
„ 89—Unsatisfactory and insufficient sanitary accommodation at licensed premises ....	1	—	1	—
„ 93—Nuisances ....	922	926	254	—
„ 103—Smoke nuisances ....	2	1	2	—
<i>Prevention of Damage by Pests Act, 1949—</i>				
Section 4—Works ....	5	2	3	—
Treatment ....	1	1	—	—
<i>Shops Act, 1950—</i>				
Section 38—Insufficient sanitary conveniences ....	1	—	1	—
<i>Kingston upon Hull Corporation Act, 1952—</i>				
Section 51—Stopped-up drains ....	19	16	3	7
Totals ....	2,492	2,468	565	649



*Legal Proceedings.* 97 cases were referred to the Prosecuting Solicitor for legal action following failure of the owners to comply with statutory notices served under the provisions of the Public Health Act, 1936. 13 cases outstanding at the end of 1951 were also dealt with in the year. The number of cases in which legal proceedings were taken in 1951 was 87.

In 9 cases, the owners carried out the work before summonses were issued, and the summonses were withdrawn on payment of costs following satisfactory completion of the work in 59 cases. In one case, proceedings were withdrawn because of a change of ownership of the property. Adjournments were made in 17 instances because the work was in hand, the summonses being subsequently withdrawn on payment of costs following the abatement of the nuisances. Nuisance Orders were made in 8 cases. In one of these an additional fine of £2 was imposed and failure to comply with the Order in another instance resulted in the owner being fined £2. 15 cases were still outstanding at the end of the year.

Proceedings in the remaining case were taken under Section 75 of the Public Health Act, 1936, following failure of an occupier to comply with a notice served on him requiring the provision of a dustbin in respect of the house he was occupying. The notice was served on the occupier in this case because he had moved into the house concerned in 1947 as a squatter. He had not paid any rent for the premises nor had he been regarded by the owners as a tenant. A fine of £1 was imposed by the Court and the occupier subsequently provided a suitable dustbin.

19 further cases were referred to the Prosecuting Solicitors where persons had failed to supply information concerning ownership of certain premises as required by Section 277 of the Public Health Act, 1936. In all instances, the desired particulars were furnished after letters of warning.

Details of legal proceedings respecting contraventions of the Food and Drugs Act, etc. and for offences against the Shops Act will be found in the appropriate sections of the Report.

*New Legislation—Kingston upon Hull Corporation Act, 1952.* 1952 saw a welcome addition to the local statute book by the passing of the Kingston upon Hull Corporation Act, 1952, which received the Royal Assent on the 1st August, 1952.

The Act, the main objective of which was to obtain powers for the erection of a new bridge over the River Hull, also contained a number of provisions affecting the work of the Health Department. Although the various matters concerned are dealt with under their respective heads in the appropriate parts of the Report, some special mention should be made of its provisions generally. Most of the Sections affecting this Department are based on the Model Clauses approved by

the House of Lords and the House of Commons, although in its initial stage several additional items were included. Unfortunately, one of the main sections it was hoped to include, *i.e.*, registration of Hairdressers and Barbers, was withdrawn from the Bill, and another section, under which it was hoped to set up smokeless zones, was defeated at a Towns Meeting. The action of the meeting in connection with the last-mentioned item is regrettable, as there is need for such legislation in the City. Most of the objection appeared to be based on the thought that a smokeless zone would involve property owners in expense due to the need for installing new fuel burning equipment, although Corporation speakers pointed out the high cost involved in damage to buildings by smoke pollution. It was also explained that if the City centre were declared to be a smokeless zone, most of the buildings (shops, offices, cinemas, etc.), would require no alterations because they already use smokeless forms of heating.

Two of the most useful sections of the Act are those dealing with public sewers and stopped-up drains. The former amends Section 24 of the Public Health Act so as to enable work in connection with public sewers to be proceeded with immediately if, in the opinion of the Medical Officer of Health or Sanitary Inspector, the work is of an urgent nature. The latter is similar in purpose but relates to drains, private sewers, water-closets or soil pipes and enables the Medical Officer of Health or Sanitary Inspector to serve notices requiring the execution of work within forty-eight hours, the work being carried out by the Corporation if the notices are not complied with in that time. Previously, in both these cases, notices had to be authorised by the Committee and this often meant a delay of perhaps several days before a convenient meeting of the Committee could be called. The new procedure allows drainage work to be dealt with by the Corporation in a much more expeditious manner, thus preventing the embarrassment and inconvenience caused to tenants by obstructed drains, etc., particularly at public holiday periods.

Other matters included in the Act are—delegation of power to examine and test drains ; power to deal with ruinous and dilapidated buildings and neglected sites ; power to require adequate height of new chimneys ; power to order alteration of domestic chimneys ; food storage accommodation ; prohibition of sale of verminous articles ; smoke and dust from industrial furnaces ; silencers for internal combustion engines ; noise nuisances ; registration of hawkers of food and their premises ; and power to make byelaws as to meat for feeding animals. All these subjects are dealt with under their respective heads in the Report.

The general provisions of the Act became operative as from the 1st August, 1952. For certain Sections, however, the Act provided for an “appointed day” which was fixed by Resolution of Council so far as matters affecting this Department are concerned, as the 1st December, 1952.



*Dustbins.* The Council continued, under the powers conferred upon them by Section 75 of the Public Health Act, 1936, to supply dustbins to premises where owners had failed to comply with statutory notices. During the year 82 dustbins were supplied and the cost recovered from the owners concerned, compared with 88 in the previous year.

It was necessary to take legal proceedings against an occupier for failing to provide a dustbin in respect of the premises he was occupying. Particulars of this case will be found on page 50 under the paragraph headed " Legal Proceedings ".

*Scavenging of Common Courts and Passages.* Eighteen cases arose where passages had not been regularly swept or kept clean and free from rubbish. In all the cases, after the service of notices, the occupiers made arrangements between themselves for the necessary cleansing which was carried out before it became necessary to take statutory action.

*Manure Pits.* 4 notices were served during the year on persons who had failed to maintain manure pits in the condition required by No. 14 of the Local Bye-laws with respect to Nuisances. The notices were complied with in all instances. One notice served in 1951 was also complied with in the year under review.

It was necessary to caution a person who was keeping horses at premises and had failed to maintain the stables in a clean condition and had allowed straw and manure to accumulate. The offender carried out the necessary cleansing, etc., without it being necessary to take further action.

*Ruinous and dilapidated buildings and Neglected sites.* Section 52 of the Kingston upon Hull Corporation Act, 1952, enables the Corporation, in cases where buildings are, by reason of their ruinous or dilapidated condition, seriously detrimental to the amenities of the neighbourhood, to require owners to carry out works of repair or restoration or to take steps for their demolition and clearance of the sites. It also empowers the Corporation to deal similarly with sites containing rubbish or other material resulting from or exposed by the demolition or collapse of a building or part of a building. The Act was introduced too late in the year for any action to be taken under the provisions of this section. The problem arising out of the considerable number of bomb-damaged sites in the City was, however, receiving urgent consideration at the beginning of the year, and a survey of all such sites was carried out by the Sanitary Inspectors and a comprehensive list drawn up. This list revealed 639 sites ranging from sites practically level, with no deposits, to areas containing considerable amounts of rubble and other rubbish. Following consideration by a Special Committee it was finally decided to deal with the list of sites on two lines, *i.e.* (a) those suitable for voluntary action by



householders, assisted by Corporation transport, etc., and (b) those in urgent need of clearance but not suitable for voluntary action. With regard to (a) it was considered that, in view of the feeling in relation to some of the sites, voluntary action would be readily forthcoming, and this was confirmed by discussions and interviews with responsible householders affected. In many cases, rubble was collected and placed ready for removal by Corporation vehicles before the issue had been finally determined by the Committee. So far as concerns (b) the Committee decided to ask the Finance Committee for a supplemental estimate of £500 for the current year and to make provision for a like amount in the 1953 estimates to cover clearance work to be carried out by the Public Cleansing Superintendent at the worst sites, on the instigation of the Chief Sanitary Inspector, under the provisions of Section 93(b) of the Public Health Act, 1936, it being understood that the voluntary services of neighbouring householders would be enlisted wherever practicable.

*Pigeons, Nuisances from.* In recent years, the number of pigeons nesting and breeding on public and other buildings in the City has considerably increased, and it was necessary for the Department to intensify action under Section 48 of the Kingston upon Hull Corporation Act, 1930. This Act empowers the Council to trap doves or pigeons believed to have no owner, so as to abate or mitigate nuisance, annoyance or damage caused by these birds congregating at any place in the City.

Considerable difficulty is always experienced in dealing with nuisances of this nature because the pigeons invariably choose high and inaccessible places on old buildings for nesting, and the only methods of trapping permitted by law are those which cannot injure the birds. Over a period of years, the roosting places become sources for the spreading of infection and the appearance of many public buildings is spoilt by the dirt caused by the pigeons and their fledglings.

After much experiment in trapping, the best method found was the use of specially constructed pigeon-cotes which allow the entry of the birds but prevent their exit. At the end of the year, 10 traps designed on these lines were in use on public buildings in the City centre, town docks and on the river frontages. Altogether 366 pigeons were trapped compared with 195 in 1951. Of the former number 31 were ringed birds, and, after information concerning ownership had been obtained from the National Homing Union, the owners were communicated with to ascertain whether they required the birds to be returned or destroyed. In most cases, the birds were despatched by rail to their owners who paid a small fee to cover the cost of transport and feeding during the time the birds had been in possession of the Local Authority. Many of the large buildings in the City are of old design and incorporate ledges beneath overhanging eaves, cornices and other structural features which are an attraction to pigeons seeking a place to nest.

The Town Planning Officer is aware of the present position and will doubtless take these matters into consideration in connection with the design of new buildings.

*Smoke Abatement and Atmospheric Pollution.* The smoke inspectors continued to give advice, as in the previous year, on the efficient and economic burning of low grade fuel, including, where necessary, suggestions for improvements in furnace conditions.

The number of smoke observations, each of half an hour duration, was 2,037, and 1,171 inspections were made of the premises concerned. Cautions were given in 136 instances, 43 of which were by letter, where smoke or dust, etc., had been emitted in such quantities as to be a nuisance. Four follow-up letters were sent in relation to these cautions. It was necessary during the year to serve 2 statutory notices under Section 101 of the Public Health Act, 1936, and these were still outstanding at the end of the year. One statutory notice served in 1951 was complied with in 1952. At the end of the year 80 nuisances had been abated and the remaining 56 were receiving attention. In addition, 76 nuisances outstanding from the previous year were abated.

78 improvements were carried out to boiler plants in order to minimise or obviate nuisances. Such improvements included: chimneys heightened, 14; stoking and fuel improvements, 30; and boiler alterations, 34.

15 plans of proposed trade premises utilising boiler plant were examined and 9 were passed as meeting with the requirements of the Department. In 6 cases recommendations concerning alterations and/or improvements were forwarded to the firms concerned, who took steps to carry out the suggested amendments.

Included in the figures set out above are 3 communications sent to firms in relation to 25 complaints concerning emanations of dust, etc., from different premises in the city. Verbal action was taken in other instances.

Numerous dust-collecting plates were exposed and dust samples examined and classified. Interviews and discussions took place with works managements concerning dust retention, and, where necessary, advice was tendered.

Included in the above 25 complaints of dust nuisances were 6 in respect of cement dust. This subject was commented on in detail in the 1951 Report and the dust arrestment plant which had been ordered by the firm concerned in 1951, was nearing completion at the close of the year.

Also included in the above 25 complaints were the following with reference to particular matters :—



Four complaints had regard to lime-stone deposits from an asphalt works. The works concerned has only been kept in operation until the completion of a new factory in another area, and closure of the Hull premises is expected early in 1953. Steps were taken in the meantime to minimise emissions as far as practicable.

Deposits of sawdust from a large joinery factory was responsible for 4 complaints. At the close of the year the work of installing new cyclones, trunking and fans was in progress at the works, and it is hoped that there will be no further cause for complaint from this source when the installation is completed.

Four complaints were received in relation to deposits from a fabric cleaning establishment, and the installation by the firm of a new dust-collecting plant abated the nuisance.

*Smoke and dust from Industrial Furnaces.* As from the 1st December, 1952, the Kingston upon Hull Corporation Act, 1952, makes it an offence for any person to instal in any premises in the City, any furnace for steam raising or for any manufacturing or trade purposes, unless the furnace is, so far as practicable, capable of being operated continuously without emitting smoke or dust. If a person, before installing a furnace to which the section applies, submits to the Corporation a plan and specification of the proposed installation, and gives such other information as may be required, the Corporation may within six weeks of the receipt of the plan, etc., serve notice on the applicant stating whether or not they are satisfied that the furnace is capable of being operated without emitting smoke or dust. If the Corporation give their "prior approval", as it is called, the applicant is protected against future legal proceedings.

This additional legislation forms a very useful and practical adjunct to the powers already possessed by the Department in relation to atmospheric pollution, its object being prevention of nuisances rather than cure.

*Height of New Chimneys.* Section 53 of the Kingston upon Hull Corporation Act, 1952, enacts that where plans for the extension or erection of a building to be used for manufacturing or other purposes are deposited with the Corporation and the plans show that it is proposed to construct a chimney for carrying smoke, steam, noisome or deleterious gases or effluvia from the building, the Corporation shall reject the plans unless they are satisfied that the height of the chimney will be sufficient to prevent it being prejudicial to health or a nuisance. Arrangements were made for consultations to take place between the City Architect, the Town Planning Officer and the Medical Officer of Health when plans of this nature are submitted for approval.



*Power to Order alteration of Domestic Chimneys.* Provision is made by Section 54 of the Kingston upon Hull Corporation Act, 1952, to enable a court of summary jurisdiction, if it is satisfied upon complaint by the Corporation, that any smoke, gas or vapour from any chimney, flue or pipe of a building or structure forming part of a house in the City is prejudicial to the health of any inhabitants, to make an Order requiring the chimney, etc., to be raised in height or to adopt such other means for remedying the complaint as may be necessary. The Act prescribes a limit of £50 in connection with expenditure by an owner for work to be carried out.

*Silencers for internal combustion Engines.* Under the provisions of Section 59 of the Kingston upon Hull Corporation Act, a stationary internal combustion engine must not be used in the City unless an effective silencer is provided and used on the exhaust of the engine. Following the introduction of the Act, 5 members of the inspectorial staff were appointed authorised officers for the purpose of entering any premises at reasonable times so as to inspect and test any silencer on the exhaust of any engine. No action was taken under the Section up to the 31st December, 1952.

*Noise Nuisances.* The new Kingston upon Hull Corporation Act enacts that any excessive or unreasonable or unnecessary noise which is prejudicial to health or a nuisance shall be a statutory nuisance for the purposes of Part III of the Public Health Act, 1936. Protective provisions are, however, incorporated in relation to noise occurring in the course of any trade or business, if it can be proved that the best practicable means have been adopted for the avoidance of noise, having regard to cost and other relevant circumstances.

Four complaints were dealt with towards the end of the year although it was not necessary in any case to proceed beyond the informal stage. In all instances suggestions put forward by the Inspectors were immediately acted upon by the persons or firms concerned thus obviating any further cause for complaint.

*Water Cooling Tower—Moisture Deposits.* Recordings of moisture deposits from the Cooling Tower of the Yorkshire Electricity Board showed that the improvement referred to in last year's report had been maintained and no complaints on this subject were received during the year.

*Deposits of Soot.* The City Analyst examined periodically throughout the year the contents of three atmospheric pollution gauges, the results obtained being as follows :—

Gauge placed at—	Tons per Square Mile per Month.		Total (in tons) for year.
	Maximum	Minimum	
(1) Pearson Park ....	35·2	16·5	263·5
(2) Springhead Golf Course ....	15·9	8·3	144·8
(3) Dunswell Waterworks ....	13·7	7·6	134·2

## PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS AND REGULATIONS

*Offensive Trades.* The number of trades classified as “offensive” and operating in the city at the end of 1952 was 16, involving 137 businesses and including 108 premises in respect of which the Corporation’s consent operates for a limited period. The following table shows the number of businesses classified according to the trade carried on :—

Bone Boilers	....	....	....	....	....	....	4
Fat Melters	....	....	....	....	....	....	4
Fat Extractors	....	....	....	....	....	....	4
Tallow Melters	....	....	....	....	....	....	4
Blood Driers	....	....	....	....	....	....	2
Fish Curers	....	....	....	....	....	....	64
Rag and Bone Dealers	....	....	....	....	....	....	24
Thame Dressers	....	....	....	....	....	....	2
Tripe Boilers	....	....	....	....	....	....	4
Fish Manure Manufacturers	....	....	....	....	....	....	9
Fish Oil Manufacturers	....	....	....	....	....	....	6
Glue Maker	....	....	....	....	....	....	1
Leather Dresser	....	....	....	....	....	....	1
Fellmonger	....	....	....	....	....	....	1
Soap Boilers	....	....	....	....	....	....	4
Tanners	....	....	....	....	....	....	3
							137

During the year one application was received for consent to establish a new business and this was granted subject to the execution of certain works necessary to ensure that the premises satisfied the requirements of the Department. Three applications to establish offensive trades, made verbally, were not proceeded with because the premises were not, for various reasons, considered suitable and could not be recommended. Six applications for extensions, involving new premises in one case, were approved. A change of occupier occurred in connection with 2 businesses.

Towards the end of the year, a firm was found to be carrying on the business of fish oil manufacturer without having obtained the prior consent of the Corporation. Despite a caution, the firm failed to apply for the necessary approval and the matter was reported to the Committee and subsequently referred to the Corporation’s Prosecuting Solicitor who was instructed to deal with the question in accordance with the provisions of the Act. This case was still under consideration at the close of the year.



All premises used for offensive trade purposes are subject to systematic day and night observations. During 1952, 4,818 day and 2,053 night inspections were made of these premises and other places where effluvium nuisances might arise.

23 informal notices were served and there were 100 verbal cautions and follow-up letters. 107 contraventions were remedied.

As a result of representations made by the Department, structural improvements were effected in 63 cases, and improved operations to minimise possible nuisances in 4. 16 plans of new premises and plant were examined, 4 of which required alterations in order to conform with the requirements of the Department. 85 contraventions of the Bye-laws were remedied during the year.

29 complaints were received in respect of offensive smells. In the main, they comprised smells from (1) offensive bilge water discharged into one of the City's Docks ; (2) cellulose spraying ; (3) a refuse destructor ; and (4) the trades of blood drying, tripe boiling, fish curing, pickle processing, oil blending, and dry cleaning. All were dealt with satisfactorily.

A further nuisance occurred at a works engaged in fish oil extraction which has been the subject of adverse report on previous occasions. The trouble was due on this occasion to a breakdown in the ozone plant during the herring season and was further aggravated by consignments of herrings in an advanced state of decomposition and in excess of the capacity with which the plant could safely deal. The nuisance was remedied in a reasonable time by the restoration to working order of the ozone plant and every effort was made by the firm to prevent further accumulations. There was no further cause for complaint during the remainder of the year.

*Public Sewers.* An investigation was undertaken in a suspected case of petrol in a public sewer, but no action was found to be necessary.

There were several complaints of smells arising from various public sewers, but in all instances the effluvia was found upon investigation to be from ordinary sewage and the cases were referred to the City Engineer for the attention of his Department.

*Fried Fish Shops.* 5 applications to establish the business of fish fryer were referred to the Department by the Food Executive Officer. Two were recommended for approval subject to the carrying out of certain works but of the remaining 3, 2 were not recommended because the premises could not be made suitable for the purpose, and the application in the other case was not proceeded with.



*Pig Keeping.* The number of premises registered as complying with the Local Bye-laws was 225, provided with 718 sties. The figures for 1951 were 144 and 472 respectively. The considerable increase in the figures for 1952 was due to the fact that on the 1st July, 1951, the Defence Regulations (No. 1) Order, 1951, became operative and revoked Regulation 62 B of the Defence (General) Regulations, 1939, which had permitted the keeping of pigs by tenants and occupiers of land notwithstanding restrictions imposed by local Bye-laws, etc., so long as they could be kept without committing a nuisance. As a result of this amendment in the law many of the pigsties brought into use as a temporary war-time measure were made to comply with the Bye-laws and put into use on a permanent basis. Naturally, many of the sties used during the war period could not be made to satisfy Bye-law requirements, mainly owing to their close proximity to dwellinghouses, and in most cases their use for pig keeping was discontinued after notification had been given by the Department's Inspectors. There were 14 exceptions where the occupiers continued to use sties after being cautioned as to their unsuitability. These cases were reported to the Committee who authorised the Prosecuting Solicitor to take proceedings against the offenders. Extreme measures were not necessary, however, as all the persons ceased pig keeping at the sties in question on receiving a final warning letter.

4,504 inspections were made by the Department's Inspectors. There were 115 contraventions, necessitating the service of 52 informal notices and 63 verbal cautions were given.

Structural improvements were carried out at 136 sties, and cleansing was undertaken at 137 premises at the request of the Department. During the year 278 contraventions were remedied. This figure includes a considerable number carried over from the previous year due to the introduction of Defence Regulations (No. 1) Order, 1951, referred to above. Rat infestations were dealt with at the request of occupiers in 17 cases.

15 plans of proposed new pig sties were examined and 14 were found to be satisfactory. The exceptional case required alteration so as to comply with Bye-law requirements and was subsequently approved after amendment.

*Common Lodging Houses.* At the end of the year, there were 51 registered Common Lodging Houses in the city containing 286 bedrooms or cubicles with accommodation for 765 single lodgers and 35 married couples. 1,237 day and 159 night visits were made. 40 visits were also made to unregistered premises where it was suspected that they were being used as Common Lodging Houses. Contraventions of the Bye-laws were found in 87 instances, mostly of a minor character and there were also 19 contraventions of the provisions of the Public Health Act.

Three letters were sent and 85 verbal cautions were given to the persons concerned. The number of houses on the register at the end of 1951 was 54, providing accommodation for 871 single lodgers and 37 married couples.

78 verminous persons were referred to the Disinfecting Station for treatment.

At the end of the year the requirements of the Bye-laws had been carried out in all but 9 of the above cases, and, in relation to these, steps were being taken by the persons concerned with a view to compliance with the provisions of such Bye-laws. All the contraventions of the Public Health Act had been satisfactorily dealt with at the 31st December, 1952.

It was not found necessary to take legal proceedings in any case during the year.

*Seamen's Lodging Houses.* The number of these houses on the register was 25 containing 586 bedrooms or cubicles with accommodation for 779 seamen. The number of houses on the register in 1951 was 24, with accommodation for 764 seamen. Included in the 25 houses above-mentioned is the Victoria Mansions, Great Passage Street, which provides accommodation for 487 men, and the Flying Angel Club, Alfred Gelder Street, providing accommodation for 26 men. The sleeping places at the former consist of 476 cubicles and 11 rooms, and at the latter 22 rooms.

901 day and 124 night visits were made. In 63 cases the requirements of the Bye-laws were not being carried out and 16 contraventions of the provisions of the Public Health Act were found. 58 verbal cautions were given and it was necessary to serve 4 informal notices. It was not found necessary during the year to caution any person who was letting unlicensed lodgings to seamen.

At the end of the year 62 of the contraventions of the Bye-laws had been remedied and the remaining one was receiving attention. Twelve of the contraventions of the Public Health Act were remedied, and the remaining 4 were being dealt with at the 31st December.

In no instance was it necessary to institute legal proceedings to enforce compliance with statutory requirements.

*Houses-let-in-Lodgings.* During the year there was a slight decrease in the number of houses-let-in-lodgings registered under the Bye-laws, the total being 292 compared with 293 at the end of 1951. There were 18 new registrations and 19 houses were deleted from the register. All the deletions occurred because the occupiers of the houses concerned had ceased to take the requisite number of lodgers.



The 292 registered houses-let-in-lodgings contained 2,080 registered rooms, of which 432 unfurnished and 159 furnished were used for sleeping purposes only ; and 366 unfurnished and 562 furnished were used for sleeping and living purposes.

The total number of visits paid to houses-let-in-lodgings was 2,723, including 364 at night. 260 notices, including 85 in respect of cleansing, were served and 167 verbal cautions or second letters were given or sent in respect of infringements of the Bye-laws or contraventions of the Public Health Act. 254 notices, including the 79 for cleansing, were complied with. 40 notices outstanding at the end of 1951 were complied with during 1952.

Legal proceedings were taken in respect of 8 houses-let-in-lodgings where the owners had failed to comply with notices served upon them. In 4 instances, the notices had been served under Section 93 of the Public Health Act, 1936, in relation to nuisances, and the other 4 cases were for non-compliance with formal Bye-law notices with respect to annual cleansing of the premises.

Of the 4 cases taken under the provisions of the Public Health Act, the summonses were withdrawn on payment of costs in 3 instances following the satisfactory execution of the work, and the remaining case was still outstanding at the end of the year.

In the 4 cases where the owners had failed to comply with formal Bye-law cleansing notices, a fine of £1 was imposed in respect of one, the work was carried out after a final warning letter in the second, and the remaining two cases had not been dealt with at the end of the year.

Particulars of the prosecutions under the Public Health Act, 1936, are included in the information given in the paragraph headed " Legal Proceedings " on page 50.

*Food Storage Accommodation.* Legislation affecting food storage accommodation is contained in Section 55 of the New Corporation Act. It requires every house erected in the City after the passing of the Act to be provided with sufficient and suitable accommodation for the storage of food and, if reasonably practicable, for any other house in the City not so provided, to be so provided within one month from the date of the service on the owner of a notice by the Corporation. The Section provides for appeal to a court of summary jurisdiction by persons aggrieved by a notice. The need for legislation on these lines has been felt for some time, particularly in connection with considerable numbers of houses which have, since the war, been divided up so as to accommodate more than one family.



A summary of the work of the lodging-house inspectors is given below:—

### TABLE VIII

*Houses-let-in-Lodgings.*

[illegible]

*Factories Act, 1937.* There were 474 non-power and 1,564 power factories on the Corporation register. 2,344 inspections, including 1016 re-inspections were made of factories, and 142 contraventions were found. The infringements mainly comprised unsatisfactory sanitary conveniences.

During the year 10 additional sanitary conveniences were provided at factories and 68 unsatisfactory sanitary conveniences were made satisfactory.

The following summary gives details of inspections made and defects found :—

**TABLE IX**

**SUMMARY OF INSPECTIONS**

					No. of Inspections	Notices Served	Prosecutions
Factories (with mechanical power)	....	....	....	....	611	37	} Nil
Factories (without mechanical power)	....	....	....	....	717	6	
Works of Building	....	....	....	....	28	—	
Work of Engineering	....	....	....	....	18	—	
					1,374	43	

The above figures include 53 inspections of fire escapes in power factories, and 3 of fire escapes in non-power factories. (Visits to Bakehouses are not included.)

**SUMMARY OF DEFECTS FOUND :**

Details	No. of Defects	
	Found	Remedied
Want of cleanliness (Section 1)	9	13
Overcrowding (Section 2)	1	1
Unreasonable temperature (Section 3)	3	5
Inadequate ventilation (Section 4)	2	3
Ineffective drainage of floors (Section 6)	1	1
Other Nuisances (P.H.A. 1936)	31	33
Sanitary Accommodation (Section 7)—Insufficient	13	12
Unsuitable or defective	71	68
Not separate for sexes	3	3
Other offences (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Power) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937)	8	8
<b>Totals</b>	<b>142</b>	<b>147</b>

*Outworkers.* The 176 persons affected (69 males and 107 females) were principally engaged in net braiding and tailoring. The employers numbered 44.

*Means of Escape in Case of Fire.* 18 applications for certificates were received and 16 were issued. 56 inspections were made, 53 being at factories in each of which more than 10 persons were employed. Additional means of escape were found to be required at 3 factories. There were 5 factories where the means of escape were not in order ; the number put in order was 6.

*New Factories.* Plans for 180 new factories were submitted for examination. 10 such plans did not show sufficient means of escape in case of fire, and in 6 other cases suitable sanitary conveniences were not indicated. In all cases the owners or architects were notified and undertook to comply with the requirements of the Authority.

*Shops Acts, 1950.* There were 5,266 shops on the Register in which 4,145 males and 6,067 females were employed. 966 shops were inspected and 324 contraventions, principally failure to keep prescribed records and notices, were found. On re-visits being made, 320 contraventions had been remedied. 15,653 observations were made of shops, 38 of which were found to be open after the prescribed closing hours. 117 notices were served and 49 verbal cautions given ; during the year 139 notices and 15 verbal cautions were complied with.

*Shops Act, 1950 (Sunday Trading).* 4,353 inspections were made of shops, at 36 of which contraventions were found. These were subsequently remedied as the result of cautions to the persons concerned.

*Shops Act, 1950—Legal Proceedings for failure to Observe Provisions.* Legal proceedings were taken against 4 firms for contraventions of the Shops Act. In one of the cases, the firm concerned had failed to observe the provisions of Section I by not closing for the weekly half-holiday. In the proceedings which followed, the Management of the Company pleaded guilty by letter and were fined 10/- and ordered to pay 10s. 6d. solicitor's fee and 2s. 6d. witness fee. The firms concerned in the other 3 cases had failed to allow the statutory half-holiday for shop assistants as required by Section 17 of the Act. All three companies pleaded guilty and the following fines were imposed :—

Company A—Fined 10/- on each of 2 summonses.

Company B—Fined 10s. 6d.

Company C—Fined 10/- on each of 7 summonses and ordered to pay 10s. 6d. solicitor's fee and 2s. 6d. witness fee in each case—Total fine £8 1s.

*Shops Act, 1950—Winter Closing Hours.* As from the 1st November, 1952, the provisions of the Shops Act with respect to general closing hours during the winter months were revoked by Statutory Instrument 1952, No. 1862. As from the above date, therefore, general closing hours will be the same throughout the year. It will be remembered that winter closing was brought about under emergency powers



during the war and the Home Secretary and the Secretary of State for Scotland, having reviewed the position, decided that the further continuance of these emergency measures could not be justified.

*Shops Act, 1950—S. 42—Alteration of General Closing Hours and Closing Orders for Exhibitions.* 2 applications were made by trade organisations for Exhibitions to be exempted from the provisions of the Shops Act with regard to general closing hours. Both applications were approved and, the Council, being satisfied that the retail trade to be carried on was ancillary to the main purpose of the Exhibition, made Order substituting the hour of 10 p.m. for the general closing hour during the period of the Exhibitions. Both Orders were made subject to the observance of conditions in relation to weekly half holidays, proper intervals for meals and the employment of young persons.

*Shops Act, 1950—S. 53—Persons observing the Jewish Sabbath.* At the end of the year, there were 7 shops occupied by persons or firms of the Jewish religion registered for opening on Sundays.

*Plans for Shops.* 48 plans were submitted for examination, 1 of which was subsequently amended as it did not indicate suitable sanitary conveniences.

*Cinemas and Theatres.* The Factories, etc., Inspectors made 57 inspections of cinemas and theatres, which were found to be in a satisfactory condition.

*Rag Flock and Other Filling Materials Act, 1951.* This Act is designed to secure the use of clean filling materials in upholstered articles and other articles which are stuffed and lined. It requires the registration by the Local Authority of all premises (with certain exceptions) where there is carried on any form of upholstering and the licensing by the Local Authority of any premises at which rag flock is either manufactured or stored prior to delivery to registered premises. The Act empowers the Local Authority's authorised officers to take samples of any filling materials which appear to be filling materials to which the Act applies, and prescribes penalties for offences against the provisions of the Act. The Rag Flock and Other Filling Materials Regulations, 1951, prescribe standards of cleanliness for each kind of filling material to which the Act applies, specify prescribed analysts for purposes of tests, fees to be charged in connection therewith, and the form in which certificates of results are to be given. The Regulations also set out the form in which records are to be kept by occupiers of premises registered or licensed under the Act.

At the 31st December, 1952, 20 premises (occupied by 19 persons or firms) were registered by the Local Authority to use, mainly for the purpose of upholstery, rag flock and other filling materials to which the Act applies. In addition 3 premises were licensed for the storage of Rag Flock.

There is no establishment in the City where Rag Flock is manufactured.

All premises registered or licensed under the Act were systematically inspected during the year and no contraventions were reported.

*Tents, Vans and Sheds.* Twelve applications for the Corporation's approval under Section 45 of the Kingston upon Hull Corporation Act, 1930 were received during the year from persons who wished to occupy movable dwellings (mainly trailer caravans) on various sites in the City. These applications were accompanied in all but 2 cases, by similar applications from the persons having control of the land.

Four applications were from persons who had sited their caravans on a piece of land situate on the outskirts of the City. Whilst most of the caravans were of good standard, being of the trailer type, their siting was not considered to be satisfactory, neither were the sanitary arrangements nor the means adopted for the disposal of refuse. In one case, water was being obtained from the City's mains at a nearby house, but the occupiers of the caravans in the other cases were relying wholly on pump water which, upon examination by the Public Analyst, was found to be so doubtful in character as to require boiling before use. Whilst the applications were being considered, the persons having control of the land in two instances stated that they did not wish to have the land approved by the Corporation and took steps to ensure that the occupiers vacated the site ; it was not necessary, therefore, for these two cases to be considered by the Committee who visited the land in connection with the 2 remaining applications. After consideration it was decided not to grant approval, but the Cleansing and Sanitary Committee recommended the Housing Committee to use their best endeavours to provide alternative accommodation for an aged couple who occupied one of the caravans. Unfortunately, before action could be taken on these lines, the old lady was removed to hospital and her husband found accommodation at his son's home.

Of the 6 remaining cases, one was approved, 3 were not approved, because drainage and/or sanitary arrangements could not be made satisfactory, one application was not proceeded with, and the other was still outstanding at the end of the year.

It was necessary during the year verbally to caution several persons who were keeping movable dwellings on land without the Corporation's approval. In all these cases it was found that the occupiers did not intend to remain there more than a short period, and were therefore not required to obtain the Corporation's approval. Routine visits were paid by the Inspectors until the caravans had vacated the sites so as to ensure that the Public Health provisions were complied with.



During the last few years, no application has been received to occupy the 4 sites originally approved by the Corporation for occupation by movable dwellings and the sites have either fallen into disuse or are becoming built up. Difficulty is often experienced in connection with caravans which come into the City and are placed on vacant sites without consideration as to their suitability for the purpose. When this happens it is usually necessary for the Department to move them off the sites, whereupon they often change to some other site which is equally unsuitable. It appears, therefore, that there is a need for a suitably equipped site for caravans, particularly for those belonging to travelling showmen and persons engaged in the theatrical profession.

*Rent and Mortgage Interest (Restrictions) Acts, 1920 to 1939.* Six applications were received for certificates of disrepair under the provisions of the above-mentioned Acts. In 3 cases, certificates were granted by the Authority and in one case the landlord carried out the repairs before the tenant's application could be considered by the Committee. In the two remaining cases, certificates could not be issued because the dwellinghouses concerned were not ones to which the principal Act applied, having previously been registered with the Local Authority as de-controlled. No applications were received from landlords for Reports under Section 5(2) of the 1923 Act in respect of properties for which certificates of disrepair had previously been granted.

*Hull Fair.* During the period of the Fair, the vans on the ground and in the vicinity were visited daily by the Sanitary Inspectors, who enquired as to the state of the health of the occupants. One case of Scarlet Fever was notified, and after investigations had been made, the child was removed to hospital and the van fumigated.

Compared with the previous two years, there was an increase in the number of vans and in the number of persons occupying them. The comparative figures are set out below :—

<i>Year</i>					<i>No. of Vans</i>	<i>Persons in occupation</i>	
						<i>Adults</i>	<i>Children</i>
1950	....	....	....	....	280	584	166
1951	....	....	....	....	284	579	224
1952	....	....	....	....	313	637	235

No tents or booths were found to be used for sleeping purposes and there was no overcrowding.

Dustbins, swill bins and pail closets were provided at various points on the ground, and these, along with the chemical closets and dustbins provided by the showmen themselves, received regular attention by the Public Cleansing Department. The pail closets, being situate at various points on the ground, were alleged to be a source of nuisance to adjoining living vans. Furthermore, it was difficult for the Cleansing Department's workmen to obtain easy access to them. It was



suggested that the pail closets should, in future, be placed on two sites, one adjacent to the temporary urinal in the S.E. corner and the other situate in the N. corner, instead of being placed at various points on the perimeter of the ground, and these suggestions will be adopted during 1953.

Day and evening observations were made of the sanitary conveniences provided on the Fair Ground and in Walton Street and the Health Visitors assisted in the evenings by inspecting the ladies' section and also water closets attached to private houses and advertised for public use as ladies' lavatories. Several obstructions of the water closets in the permanent accommodation were reported and these were satisfactorily dealt with. The No. 6 water closet in the men's block was, however, obstructed several times, and as this particular closet had given trouble in previous years, the City Engineer's attention was drawn to the matter.

The Lodging House Inspectors visited 407 houses in the streets adjacent to the Fair and found 14 houses providing temporary accommodation for 37 lodgers (30 males and 7 females). The number of lodgers accommodated in this way in 1951 was 53 (48 males and 5 females). There were no contraventions of the local Bye-laws and the houses were clean and well conducted. No case of sickness was discovered and there were no infringements of the Housing Acts.

Night visits were paid to the houses and the accommodation provided was found to be sufficient. In addition to this temporary accommodation, two registered common lodging houses and one licensed Seamen's Lodging House were found to be accommodating a further 70 men employed in connection with the Fair.

114 diesel or petrol generating units were assembled on the Fair ground compared with 108 in 1951. Prior to the commencement of the Fair, owners of all generating plants were informed of the regulation requiring exhausts to be carried to a height of 15 feet above ground level. Nevertheless, it was necessary to serve 7 letters and issue 18 verbal cautions before compliance with the regulation was obtained. There were 29 stalls used for refreshment and fitted with 18 chimneys. Seventeen of the stalls were using hard fuel (coke, or coke and coal mixed), and the remainder were utilising calor gas or paraffin. It was not necessary to give any cautions. A total of 552 inspections and observations were made by the Smoke Inspectors who reported the general atmospheric conditions throughout the period of the Fair to be good.

The Sampling Officer under the Food and Drugs Act took 21 samples of foods being sold at the Fair and submitted them for analysis under the provisions of the Food and Drugs Act. These samples included toffee apples, brandy snap, potato crisps, chocolate wafers, popcorns and rock. All were found to be satisfactory.

Seven samples of ice-cream were taken both for chemical analysis and bacteriological examination and 2 samples of ice-lollies were obtained for bacteriological examination only. So far as concerns the bacteriological examinations, all

were favourably reported upon, the samples of ice-cream being grade I under the Provisional Grading Scheme and the ice-lollies satisfying the coliform test. The results of the chemical analyses of the samples of ice-cream were also satisfactory.

### PREVENTION OF DAMAGE BY PESTS ACT, 1949

*Rats and Mice Destruction—Treatment of Private Houses.* A rat-catcher is employed mainly upon the treatment of dwelling-houses in the city. The rodent operatives also undertake private dwelling-house treatment, mostly by poisoning methods, the cost being allocated between the private dwelling-house account and the business premises account according to the time spent on each. The Authority's Sanitary Inspectors are appointed as Officers under the Prevention of Damage by Pests Act, 1949, and they enquire into causes of rat infestation, and, where necessary, give advice on the most effective measures necessary for control. They also supervise structural repairs and improvements necessary to make premises rat-proof, and deal with any special conditions which attract or harbour rats.

Since 1947 the treatment of private dwelling-houses has been carried out on a block control system under which the city is divided up into blocks having convenient or natural boundaries. The result of each investigation and treatment is entered in the records of the block concerned. When it becomes apparent that an unusually large number of treatments are being undertaken in respect of any particular block, the whole block is earmarked for systematic poisoning by the rodent operatives. In this way a careful check is able to be kept of high infestation points in the city.

The following table shows the number of rats killed, classified under the types of property affected, together with particulars of the methods of destruction used.

TYPE OF PROPERTY	No. of rats killed	No. of properties affected	METHODS OF DESTRUCTION	
			Method	Rats killed
Dwellinghouses ....	12,024	2,297	Trapping ....	523
Business premises ....	12,129	465	Poisoning ....	25,008
Local Authority property....	1,432	78	Gassing ....	179
Agricultural property ....	125	3		
TOTALS ....	25,710	2,843		25,710



The total number of rodents destroyed in 1951 was 26,687 and in 1950, 23,162.

During the year, 2,583 complaints, mostly from occupiers of dwelling-houses were received of infestation of premises by rats and/or mice, compared with 2,728 in 1951. These complaints were investigated by the District Sanitary Inspectors who made 3,190 inspections. Informal communications were, in a number of instances, addressed to persons whose premises were rat infested, requesting them to rid the premises of rats and to take steps to prevent further infestation. 6 statutory notices under the Prevention of Damage by Pests Act, 1949, were served, 3 of which were complied with before the end of the year. The necessary works in connection with the remaining three were receiving attention on the 31st December.

Rebuilding on several development sites in the central portion of the City was well in hand during the year and it was necessary to give special consideration to the problem of rats dispersing from old property being demolished. Arrangements were made with the Corporation Departments concerned for the Health Department to be notified some time before old buildings were demolished so that the premises could be inspected and the necessary rat destruction work undertaken. Action on these lines is of particular importance in cases where the demolition of old buildings and the erection of new buildings is proceeding simultaneously in the same locality since it is easy for migrating rats to gain access to the new buildings before doors and windows are put in. Similar co-operative measures were taken in connection with the development of the outlying housing estates so as to enable rat destruction work to be carried out before dykes or ditches were filled in or piped, and whilst rat runs and burrows were clearly visible.

*Rats and Mice Destruction—Treatment of Business Premises, etc.* The Department employs 7 full-time rodent operatives who also deal with private dwelling infestations requiring treatment by poisoning methods.

Treatment consisting mainly of poisoning, is carried out at the request of the owners or occupiers of business premises and a charge is made covering the cost of labour and materials. The methods of poisoning used are in accordance with the recommendations of the Ministry of Agriculture and Fisheries.

The Department continued, on request, to deal with large infestations at business premises on a yearly contract basis. This type of treatment is confined wholly to reservoir and major infestations and has the advantage of enabling better supervision to be exercised and reduces clerical work to a minimum. Systematic poisoning is carried out two, three or four times during the contract period, supplemented by treatment with traps in the intervals if found to be necessary.



Charges are fixed according to the type and size of the business, and the amount of work estimated to be required. At the end of the year 28 businesses (including 8 food preparing premises) were being treated under contract. In addition, there were 4 firms who received 4 regular treatments per annum, not on a contract basis.

The following table shows the treatments carried out in connection with business premises and Local Authority property during 1952 :—

Infestations treated (including re-treatments)				Estimated Total kill	No. of bodies found	No. of re-treatments carried out	
Reservoir (Over 200 rats)	Major (Between 20 and 200 rats)	Minor (less than 20 rats)	Total			Reservoir	Major
2	206	397	605	13,686 (includes 3,215 mice)	2,463 (includes 602 mice)	1	16

The total number of rodents estimated killed at business premises, and Local Authority property in 1951 was 14,525.

The contracts entered into in 1951 with the Docks and Inland Waterways Executive for the treatment of Nos. 1 and 2 Markets, St. Andrew's Dock, and with the British Railways in respect of an adjoining area were renewed during 1952. During the year treatment under these two contracts resulted in an estimated kill of 432 rats and 85 bodies were recovered.

The following table gives information on the work of the Authority for the year ended 31st December, 1952, and was included in a report for that period made to the Ministry of Agriculture and Fisheries.

TABLE X.

	TYPE OF PROPERTY				
	Local Authority	Dwelling-houses	Agricultural	All other (including Business and Industrial)	Total
I.—Total number of properties in Local Authority's District	330	87,012	48	11,632	99,022
II.—Number of properties inspected by the Local Authority during 1952 as a result of (a) notification or (b) otherwise (b)	58	1,443	5	412	1,918
	20	1,033	4	194	1,251
III.—Number of properties under (II) found to be infested by rats [ <i>Major</i> to be infested by rats [ <i>Minor</i>	11	140	3	148	302
	37	1,494	—	223	1,754
IV.—Number of properties under (II) found to be seriously infested by mice	30	663	—	94	787
V.—Number of infested properties (under III and IV) treated by the Local Authority	78	2,297	3	465*	2,843
VI.—Number of Notices served under Section 4—					
(1) Treatment	—	—	—	1	1
(2) Structural works (proofing)	—	1	—	4	5
VII.—Number of cases in which default action was taken by the Local Authority following issue of notice under Section 4	—	—	—	—	—
VIII.—Legal proceedings	—	—	—	—	—
IX.—Number of "Block" Control Schemes carried out				11	

\* Excluding 59 re-treatments.

For the purposes of the previous table :—

Property means a property separately entered on the valuation roll ;

Council houses are included under dwelling-houses ;

Premises used by the Local Authority for trading purposes are included under business premises ;

Sewer treatments are not included ;

Combined dwelling and business premises occupied by the same person are included under business premises.

*Mosquito Control.* During the early part of the summer, the Chief Education Officer drew the Department's attention to complaints of infestation by insects of a large playing field attached to one of the Education Committee's schools. Upon investigation, the insects complained of appeared to be a type of mosquito which were breeding in the long grass and in two depressions on the east side of the school. At the Department's suggestion, arrangements were made for the long grass to be cut and the two depressions filled in. Thereafter, the Health Department's workmen dusted the coarse grass with D.D.T. powder and sprayed the walls of the school with D.D.T. solution. These measures proved successful and there were no further complaints.

There were no other complaints of mosquito breeding in any of the large open land drains in the City. The Department, however, carried out routine spraying of water contained in ponds and water butts on the various Corporation allotments. Observations were continued throughout the year and owners of places likely to provide breeding grounds were advised as to the necessary precautionary measures to be taken.

*Eradication of Bed Bugs and other Insect Pests.* During the year the Department was called upon to take steps for eradication of bed bugs at 10 Council houses, and 54 private houses.

Disinfestation for fleas was also undertaken at 5 Council houses, 35 private houses, and 1 business establishment. The infestation at the business establishment was of special interest, the fleas dropping from the boarded ceiling of an office which formed part of a large factory and causing consternation among the clerical staff. Upon microscopical examination the fleas were identified as rat fleas, and when the ceiling boards were removed, several deserted rat nests were found—the rats having apparently been eliminated during an earlier poisoning campaign. The fleas had then found it necessary to go in search of new hosts.

Spraying with liquid insecticides containing D.D.T. or Gammexane has been adopted for freeing infested houses from bed bugs.

25 treatments, including 22 at business premises, were undertaken for infestation by beetles and cockroaches, etc. Advice was given and suitable insecticides supplied in 1,323 cases where the Department's help had been sought in relation to premises infested with these and other types of insects such as crickets, silver fish, furniture beetles, ants, etc. The number of cases in which insecticides were supplied in 1951 was 998.

Insect infestations treated showed a slight increase on those for 1951, although this was again mainly due to an increase in the number of woodworm infestations. The following figures give a comparison between the two years.



<i>Type of Infestation</i>						1951	1952
Bugs	....	....	....	....	....	85	64
Fleas	....	....	....	....	....	33	41
Moths	....	....	....	....	....	2	—
Beetles, Flies, etc.	....	....	....	....	....	25	25
Woodworm (excluding re-treatments)	....					125	150
Total						270	280

Although there was an increase in the number of cases of woodworm infestation with which the Department was called upon to deal, this increase was not so marked as in the previous year. In 1951, the number of cases coming to our notice was 125, compared with 62 in the previous year, an increase of 63. In 1952, however, the number of cases reported was 150, an increase of 25 compared with the previous year. Of this figure of 150, 136 infestations were at Council houses, 13 at private houses, and one at a school. Some of these were, of course, only minor infestations and were readily dealt with by injecting liquid preparations into the worm holes and spraying the surrounding timber with suitable insecticides during the early summer months, when the adult insects were emerging from the pupal stage. In quite a number of cases, however, the infestation was more serious and necessitated the removal of the affected timber and its immediate destruction by burning. The new wood used for replacement was specially treated against re-infestation. Treatment by heat is also adopted where practicable, and, in some circumstances, it has been found necessary to employ H.C.N. gas.

Co-operation was again necessary with the City Architect's Department in relation to infestations at Council houses, and special insecticide was supplied in bulk quantities for use on various housing estates. The Department's workmen also carried out 51 re-treatments of Council houses at which the original infestation had been treated in 1951. This was in accordance with the Department's practice to follow-up the more serious cases because it has been found that one treatment is seldom sufficient. Infestations of this nature are undoubtedly a costly item as, in many cases, considerable damage is done before advice is sought. For this reason, the Department continued their propaganda work on the subject as much as possible and attention is always given to the subject in the Health Department's publicity displays. Leaflets giving information about the habits and breeding of woodworm together with details of the best methods of destruction were distributed to the public in appropriate cases.

Disinfectants were supplied in bulk quantities at request in 58 cases, mainly for use at the Local Authority's properties, voluntary associations and business premises.

It is pleasing to note a continued increase in the number of cases where advice was sought in connection with nuisances from insect pests. This indicates a public consciousness of this important branch of sanitation and a willingness to seek advice on the best and latest methods of dealing with the problem. There is no doubt that this public interest has been aroused in no small measure by the publicity which is constantly being given to sanitation and pest control.

*Prohibition of Sale of Verminous Articles.* Perhaps one of the most useful sections in the Kingston upon Hull Corporation Act, 1952, is that which prohibits under a penalty of £20 the sale by dealers of verminous articles. The Section (56) also gives power to the Medical Officer or the Sanitary Inspector to cause any household article which is verminous and is being prepared or offered for sale, etc., by a dealer to be disinfested or destroyed as the case may be, the cost incurred being recoverable from the dealer concerned.

In recent years there has been a large increase in woodworm infestations in the City and it is not uncommon to see heavily infested articles of furniture crowded in among hundreds of other unaffected articles in an auctioneer's room. It is felt that this is one of the channels through which woodworm infestation is being spread, and it is hoped that the Section may give power to deal with such cases.

*Fly Destruction.* During the year the Department continued to arouse public interest in the danger to health, by contamination of food, etc. of the common house fly. Leaflets, giving information on the best method of control were distributed to householders and others by the Sanitary Inspectors, who also gave verbal advice where necessary.

Particular attention was paid by the Inspectors concerned to piggeries, stables, offensive trade premises and other places where extensive fly breeding was to be expected, and suitable steps were taken for the destruction of the flies and their eggs, larvae and pupae.

Systematic spraying was also carried out at periodic intervals during the fly breeding season at hospitals, nurseries and clinics, and also at the Education Department's school kitchens.

## HOUSING

*New Houses.* The City Architect has kindly supplied the following information with regard to the erection of houses in the city during 1952 :—

Temporary or Permanent	With State Assistance		Without State Assistance		TOTAL
	By the Local Authority	By Others	By the Local Authority	By Others	
Temporary .....	—	—	—	—	—
Permanent (New)	1,167	—	—	70	1,240
Permanent (Reconstructions)	—	—	—	3	
TOTALS	1,167	—	—	73	1,240

Flats for 12 family units were provided by conversions by private enterprise.

This makes a gross total of 1,252 family units re-housed during the year and brings the total of new housing units provided since the war to 8,169.

*Slum Clearance.* In view of the acute housing shortage, and consequent ministerial policy, no slum clearance has been undertaken in 1952.

*Closing and Demolition of Insanitary Houses.* It was necessary, despite the shortage of housing accommodation to continue to represent individual houses as unfit for human habitation. In no case did an owner avail himself of the right to appear before the Committee when the making of a Demolition Order was considered. In most cases, the houses had been classified as a “total loss” by the War Damage Commission.

During the year 23 houses were represented as unfit for human habitation under the provision of Sections 11 and 12 of the Housing Act, 1936, but these will be considered during the year 1953. Orders were made in relation to 15 houses which had been represented in 1951.



Detailed house to house inspections of houses included in the Slum Clearance Programme of the Town Planning Committee's City Development Plan are now being carried out.

*Housing Acts.*

	1952	1951
<i>Represented to Committee—</i>		
Section 11 ....	22	26
Section 12 ....	1	1
<i>Orders made—</i>		
Section 11 (demolition) ....	15	8
Section 12 (closing orders) ....	—	1
Section 11 (undertakings not to use, accepted)	1	1
Demolished prior to demolition order being made ....	—	1
For consideration in 1953 ....	23	—

*Overcrowding.* Prior to the war the speed of rehousing overcrowded families had exceeded additions to the overcrowding register, and the percentage of overcrowded families had been reduced to below 1 per cent. The position to-day cannot be represented statistically with any accuracy but, from general observation, it seems clear that the overcrowding figure is considerably higher than the 3 per cent. revealed by the 1936 Survey, and is slowly increasing.

The continued housing shortage prevents any action other than the relief of the most serious cases.

During the year, 252 new cases of overcrowding were reported and 189 cases were abated—36 by the City Treasurer and 153 by the Health Department as a result of informal action.

There was no application for a licence to permit temporary overcrowding. No action was taken under the Housing Act, 1949.

### TABLE XI

## SUMMARY OF INSPECTIONS

<i>Overcrowding—</i>									
Complaints received	....	....	....	....	....	....	....	....	419
Inspections	....	....	....	....	....	....	....	....	372
Found to be overcrowded		....	....	....	....	....	....	....	252
Revisits	....	....	....	....	....	....	....	....	506
Overcrowding abated	....	....	....	....	....	....	....	....	189
Complete inspections under Housing Act				....	....	....	....	....	863

*Applications for Corporation Houses.* During 1952 the Medical Officer of Health dealt with about 280 applications for assistance in obtaining Corporation houses on medical grounds compared with about 200 in 1951. In 58 cases the circumstances warranted the support of the Medical Officer of Health and recommendations were made to the City Treasurer for the families concerned to be rehoused. During 1951 only 23 cases were recommended.

In addition the Chest Physician supplied 101 recommendations for rehousing on medical grounds where a member of the family was suffering from tuberculosis. In 1951 the Chest Physician made 102 recommendations.

## INSPECTION AND SUPERVISION OF FOOD

*Milk Supply.* It has been estimated that the amount of fluid milk consumed daily in the city was slightly more than in 1951, namely, 29,130 gallons, which represents an average daily consumption per person of 0·8 pints. The estimated daily consumption in 1951 was 28,815 gallons, giving an average daily consumption of 0·7 pints per person. The following table shows the daily consumption of the different grades of milk during the year under review.

					<i>Amount</i> (gallons)	<i>Percentage</i>
Raw undesignated ....	....	....	....	....	3,607	12·4
Accredited ....	....	....	....	....	100	0·3
T.T. Farm Bottled	....	....	....	....	328	1·1
T.T. Pasteurised ....	....	....	....	....	733	2·5
Pasteurised ....	....	....	....	....	14,904	51·2
Sterilised ....	....	....	....	....	9,458	32·5
Totals ....					29,130	100·0

These figures which have been rounded-off for convenience are only approximate and are based on information obtained from the large dairies in the city.

It is gratifying to note that the demand for raw undesignated milk has again shown a decrease, whilst that for heat treated milk continues an upward trend. Last year raw undesignated milk accounted for only 12·4 per cent. of the total milk consumed, *i.e.*, a reduction of almost 6 per cent. compared with the 1951 figure. The demand for heat-treated milk, which increased by nearly 6 per cent. compared with 1951, undoubtedly accounted for the corresponding reduction in demand for raw undesignated milk. The milk supplied to schools under the Milk in Schools Scheme is almost wholly pasteurised, but includes a small amount of "Tuberculin Tested" milk.

There are now 6 heat-treatment plants of the latest design operating in the City, 5 of them being of the High Temperature Short-time Plate Heat Exchanger type, and one (of smaller capacity) operating with the Lower Temperature "Holder" system. All of these plants have been well maintained and operated during the year, and samples of the processed milk have given consistently good results when subjected to the Phosphatase and Methylene Blue Tests.



The presence of these heat-treatment plants in the City, coupled with the obvious advantage to the consumer of having milk delivered in bottles, undoubtedly accounts for the large and growing demand for heat-treated milk, which, in 1952, was 86·2 per cent. of the total.

During the year, 1,637 visits were paid to various dairies and milkshops in the city, including 718 by the Food and Drugs Inspectors as part of their routine investigations specially connected with the sampling of milk.

*The Milk (Special Designation) (Raw Milk) Regs. 1949, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regs. 1949.* Under these Regulations, so far as concerns raw milk, the official test was altered and the Coliform Test which was one of the two previously required tests, was discontinued. Only one test now remains, *i.e.*, the Methylene Blue Reduction Test, the procedure for which being laid down in the Regulations.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, specifies the Phosphatase and Methylene Blue as the two official tests for pasteurised milk and provides for a new special designation "sterilised", the prescribed test for which is the Turbidity Test.

Both sets of Regulations provide for the granting of annual licences to all persons or firms authorising them to use a special designation in relation to milk sold at or from premises mentioned in the licence, and also, in the case of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations for the annual licensing of persons or firms in relation to milk pasteurised or sterilised at premises within the city. The granting of producers' licences under the Milk (Special Designation) (Raw Milk) Regulations, is the responsibility of the Ministry of Agriculture and Fisheries. The special designations authorised are "Pasteurised", "Sterilised", "Tuberculin Tested" and "Accredited", although the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations provide, in certain cases, for a processing firm to use the designation "Tuberculin Tested (Pasteurised)" or "Tuberculin Tested (Sterilised)" if they hold the appropriate licences under the Milk (Special Designation) (Raw Milk) Regulations.

The Regulations also provide for the granting by the Licensing Authority of supplementary licences authorising the use in their area of a special designation by persons holding principal licences issued by other authorities.

*Specified Areas.* Section 19 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, enacts that the use of a special designation shall be obligatory for the purpose of all sales of milk by retail for human consumption where the place of sale is in an area specified by the Minister of Food under power exercisable

by statutory instrument. In 1951, 2 areas were "specified" by the Minister under Statutory Instrument and a further 5 areas were "specified" towards the latter part of 1952. These areas are mainly in the southern part of the country and in the Midlands.

Regular routine visits were paid by the Inspectors to persons holding licences under the Regulations, and advice given or suggestions made with respect to improvement of their premises. In all cases the persons concerned readily complied with the requirements of the Department. New applications for licences were carefully investigated by the Department's officers before being considered by the Committee.

The following licences, to operate until the 31st December, 1952, were issued :

1. UNDER THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

				<i>No. of persons or firms licensed</i>	<i>No. of premises involved</i>
<i>Dealers' licences—</i>					
" Pasteurised " milk	....	....	....	206	217
" Sterilised " milk	....	....	....	689	738
				—	—
Totals	....	....		895	955
				—	—
<i>Processors' licences—</i>					
" Pasteurised " milk	....	....	....	6	6
" Sterilised " milk	....	....	....	3	3
				—	—
Totals	....	....		9	9
				—	—

2. UNDER THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.

<i>Dealers' licences—</i>					
" Tuberculin Tested " milk	....	....		14	18
" Accredited "	....	....	....	2	2
				—	—
Totals	....	....		16	20
				—	—

In addition, 63 licences were issued to persons retailing specially designated milks (mainly " Pasteurised " and " Sterilised ") in the streets of the city. In all these cases, the persons concerned had no fixed business premises, but merely collected their supplies of milk daily from the large dairies for immediate delivery to their customers, the " empties " being returned each day.

During the year the undermentioned samples were taken for examination under the Regulations, with the following results.

<i>Type of Milk</i>	<i>No. of Samples taken</i>	<i>No. of Samples which</i>	
		<i>passed the prescribed tests</i>	<i>failed to pass the prescribed tests</i>
" Tuberculin Tested (Pasteurised) " .....	96	96	—
" Tuberculin Tested " .....	117	98	19
" Accredited " .....	16	15	1
" Pasteurised " .....	133	132	1
" Sterilised " .....	121	121	—
Totals .....	483	462	21

Particulars of the samples of raw designated milk which had failed to satisfy the tests were communicated to the appropriate officers of the area in which the milk had been produced and a special visit was paid by the Inspector to a local dairy regarding the unsatisfactory sample of pasteurised milk. In 7 cases, churns of " Tuberculin Tested " milk consigned by outside producers to the local dairies were not sealed in accordance with the requirements of the Regulations and this information was communicated to the responsible officer concerned who took suitable action. In one case a local milk retailer was bottling undesignated milk in an "accredited" producers' bottle. He was cautioned against this practice and took immediate steps to comply with the Regulations.

It was not necessary to apply any of the provisions of the Regulations regarding the refusal, suspension and revocation of licences.

*Non-designated Raw Milk.* This type of milk is not required to comply with any statutory bacteriological standards, but, during the year, 42 samples of raw undesignated milk were submitted to the Methylene Blue Test, which is the standard test for raw designated milk. Of these 42 samples, 39 satisfied the test, but the remaining 3 failed, being decolourised in each case in  $3\frac{1}{2}$  hours, 3 hours and  $3\frac{1}{2}$  hours.

*Goats Milk.* No sample of goats milk was taken during the year.



*Milk and Dairies Regulations, 1949.* Under the provisions of these Regulations, the registration of dairy farmers and of dairy farms is the responsibility of the Ministry of Agriculture and Fisheries whilst the registration of milk distributors and other dairy premises remains the responsibility of the Local Authority, who are also required to administer those provisions which apply outside dairy farms and also the provisions relating to diseases communicable to man.

During the year 718 inspections were made at dairy premises in the city and appropriate action was taken where necessary to maintain compliance with the provisions of the Regulations. Examinations were made of 2,735 milk churns, 380 handcans and 682 vehicles.

The following contraventions of the Regulations were observed :—

Dairy floors in a state of disrepair	....	....	....	3
Presence in dairy of materials not necessary for the conduct of the business and liable to cause contamination	....	....	....	2
Carrying waste food in a vehicle at the same time as milk	....	....	....	3
Depositing crates of milk in the streets	....	....		3
Failure to display names and addresses on vehicles	....			2
Dirty condition of milk bottles	....	....	....	3
Dirty condition of dairy wall surfaces	....	....		4
				—
Total	....	....	....	20
				—

One of the above cases concerned a bottle of pasteurised milk processed by one of the dairies and brought to the notice of the Department by a member of the public. Upon examination, the inner surface of the bottle was found to be dirty and discoloured due, in the opinion of the Public Analyst, to a combination of dried milk and dust. The bottle of milk was taken before the Stipendiary Magistrate, who condemned it as unfit for human consumption, and, because of previous complaints of a similar nature, legal proceedings under the Food and Drugs Act and under the Milk and Dairies Regulations were taken against the firm concerned. In the proceedings which followed, the dairy company pleaded guilty and the Stipendiary Magistrate imposed fines of £15 and £10 in relation to the summonses under the Food and Drugs Act and the Milk and Dairies Regulations respectively.

Legal proceedings were also taken in relation to a similar offence by a different Company. In this case, the summons was issued under the Milk and Dairies Regulations only, and the defendants, who pleaded guilty, were fined £15 by the Stipendiary Magistrate.

In all the remaining instances, the contraventions were remedied after the person or firm had been cautioned either verbally or by letter.

It was not necessary to serve any notices under Regulation 20 (1) (c) of the Milk and Dairies Regulations, 1949, in relation to cases where milk was infected, or suspected to be infected, with any disease communicable to man. The Regulations provide in such cases for the service by the Medical Officer of Health of a notice on the producer concerned, requiring that the milk so affected shall not be used or sold for human consumption until it has been subjected to pasteurisation at an approved establishment licensed by the Local Authority.

One producer applied for payment of compensation in respect of loss sustained by reason of a notice under the Regulations served on him in 1951. The amount claimed was paid by the Council, and three quarters of the claim was recovered from the Ministry of Health in accordance with Regulation 20 (8) of the Regulations.

*Registration of Milk Distributors and Dairy Premises, not being Dairy Farms.* 111 applications for registration were received compared with 110 last year. Of the former number 109 were for the sale of milk in bottles only.

The following persons and premises were registered :—

Milk Distributors	....	....	....	107
Dairy Premises	....	....	....	4
				—
				111
				—

At the end of the year there were about 793 milk traders on the register, the majority being persons carrying on small businesses of a general nature and retailing small quantities of milk for the convenience of their customers. About 767 of the traders were selling bottled milk only.

*Examination of Milk for Tuberculosis.* Examinations of milk for Tuberculosis are undertaken by the Director of the local Public Health Laboratory service.

372 samples were submitted for examination by the inoculation of guinea pigs. Positive results were obtained in respect of 16 samples, negative reports were received in respect of 324, and in the remaining 32 instances the results were abortive due to the death of the guinea pigs after inoculation.

In connection with 11 of the positive samples, the Ministry of Agriculture and Fisheries Veterinary Service carried out investigations at the premises of 11 cow-keepers. In 8 cases, the diseased animals were either slaughtered or found to have



been sent for slaughter ; in 2 instances no diseased animal was found and in a further case, the diseased animal was found drowned before action could be taken.

The other 5 positive results were in connection with bulked supplies of milk brought into the City by tank vehicles from distributing centres outside the area of this Authority for pasteurisation at a local dairy. Reports on all the samples were forwarded to the Medical Officer of Health of the area concerned. The milk from which these latter positive results were obtained was heat-treated before being used or sold for human consumption.

*Brucella Abortus.* Milk sold in its raw state from 3 different herds was suspected of being the cause of undulant fever and samples of the milk from each herd were taken by the Sampling Officer and submitted to the appropriate tests by the Public Health Laboratory Service.

A positive result was returned in connection with one of the samples and, following action by the Authority, the producer concerned sent his milk for heat-treatment prior to its sale for human consumption. The results of the examinations in the other 2 cases were negative.

*Dirt in Milk.* No sample was reported as dirty.

*"Appeal to Cow" Samples.* As the result of adverse reports of the Public Analyst respecting samples of milk found to be adulterated by the addition of extraneous water, visits were paid to 4 different farms, and 17 "appeal to cow" samples were taken in order to establish the condition and quality of the milk produced by the cows in the dairy herds from which the unsatisfactory samples had originated.

*Mastitis in Cows.* During the year 3 notifications were received from the Divisional Inspector of the Ministry of Agriculture and Fisheries that cows in herds within the city were suffering from Mastitis. Notices were served on the owners concerned prohibiting the sale for human consumption of milk from the affected cows, or its use in the manufacture of milk products for human consumption.

*Public Health (Condensed Milk) Regulations, and Public Health (Dried Milk) Regulations, 1923 and 1943.* 13 samples of condensed milk and 3 of dried milk were submitted for analysis during the year. All satisfied the requirements of the Regulations.

*Registration of Ice-cream Premises.* During the year, 101 applications were received for registration of premises under Section 14 of the Food and Drugs Act, 1938, compared with 92 in 1951. Of the former number, 98 applications were for



sale of ice-cream, 2 for manufacture and/or sale and one for storage. 74 of the applications were granted unconditionally, and 18 were approved subject to the applicants concerned furnishing written undertakings to carry out certain work or to observe certain conditions in order to comply with the requirements of the Act. 6 applications were not granted owing to the premises being unsuitable for the sale of ice-cream and 3 applications were withdrawn.

One case came to the notice of the Department where a vendor of ice-cream was failing to observe certain conditions incorporated in an undertaking given when the premises were originally registered. The person concerned was given an opportunity to attend the Committee to show cause why the Local Authority should not cancel registration. When the case was reviewed by the Committee, it was agreed that the continued operation of the registration should be conditional upon the furnishing of an undertaking to observe certain specific conditions and, the occupier of the premises having signified his willingness to accept the restrictions imposed, no further action was taken.

There were several other instances where sales of ice-cream were being conducted under conditions which did not satisfy the requirements of the Food and Drugs Act, although they were mostly minor offences not sufficiently serious to resort to the revocation procedure. In all cases, the persons concerned, on being cautioned, either ceased to sell ice-cream or furnished undertakings to observe certain conditions.

At the 31st December, 1952, there were 731 premises on the register, 15 for manufacture and/or sale, 2 for storage, and 714 for the sale of ice-cream.

The Methylene Blue test is still the official one used to determine the cleanliness and bacteriological condition of samples of ice-cream. Under this test, grading is determined according to the time taken to decolourise the methylene blue added to the samples, which are classified in Provisional Grades I, II, III or IV in order of merit.

99 samples of ice-cream taken during the year and submitted for examination were placed in the following grades :—

Provisional Grade I	....	....	....	....	72
„ „ II	....	....	....	....	15
„ „ III	....	....	....	....	5
„ „ IV	....	....	....	....	7
Total	....	....	....	....	<u>99</u>

In all cases where samples were placed in Grades III or IV, the vendor's premises were visited and suggestions made so as to secure better results.

*Standard for Ice-cream.* Because of shortages in some of the ingredients used in the manufacture of ice-cream, the Minister of Food decided to reduce the minimum fat content of ice-cream from 5 per cent. to 4 per cent. and the minimum non-fat milk solids content from  $7\frac{1}{2}$  per cent. to 5 per cent. For ice-cream containing fruit, fruit pulp or fruit puree, a consequential reduction from  $7\frac{1}{2}$  per cent. to 6 per cent. was made in the fat content and from 25 per cent. to 21 per cent. in the total content of fat, sugar and non-fat milk solids. Similarly, the fat content of "Parev" (Kosher) ice was reduced from 10 per cent. to 8 per cent. The changes were brought about by the Food Standards (Ice-cream) (Amendment) Order, 1952, which became operative from the 7th July, 1952.

During the year, 100 samples of ice-cream were submitted for analysis under the Food and Drugs Act, 1938. Of this number, 94 samples conformed with the standard laid down in the Order for the time being in force. In the remaining 6 cases, 5 of them were deficient in fat and/or milk solids other than fat, and cautions were given in 4 instances. In the fifth case, because of several previous warnings, legal proceedings were taken under the Food Standards (Ice-cream) Order, 1951. At the hearing of the summons in the Magistrates' Court, the defendant pleaded guilty by letter and was fined £2 and ordered to pay £1 10s. costs.

The other sample was a prepared ice-cream powder mixture which contravened the Labelling of Food Order, inasmuch as it did not bear a list of ingredients used in its manufacture. The manufacturer was cautioned.

*Ice-cream (Heat Treatment, etc.), Regulations 1947.* Premises where ice-cream is manufactured continued to be regularly visited by the Inspectors, who discovered several contraventions of the Regulations. Most of these contraventions were of a minor character and were satisfactorily dealt with after verbal cautions had been given. It was not necessary to take legal proceedings in any case.

*Frozen Lollipops.* The standard laid down for ice-cream does not apply to water ices, or ice-lollies. 25 samples of ice-lollies were taken for bacteriological examination, but only one was regarded as unsatisfactory because it failed to pass the Coliform Test. A repeat sample obtained from the vendor concerned was found to be satisfactory and no further action was taken.

*Food and Drugs Act, 1938—Sampling.* The number of samples examined was 3,111, of which 123, or 4.0 per cent, were found to be adulterated, compared with 152 or 5.0 per cent in 1951, when 3,017 samples were taken. Samples of milk taken in the city numbered 1,714, of which 40 or 2.3 per cent were not genuine. The percentage for 1951 was 4.1.



Other samples reported as unsatisfactory were :—

Blauds pills (1) ; brandy snap (1) ; breakfast food (1) ; brisling paste (2) ; buttered rolls (2) ; canned cherries (1) ; canned grapes (1) ; canned raspberries (1) ; canned soups (2) ; canned strawberries (1) ; carbolised resin ointment (1) ; Christmas puddings (2) ; compound liquorice powder (1) ; curd (1) ; dripping (2) ; glycerine (1) ; ground almond substitute (1) ; heatherdown spread (1) ; ice-cream (5) ; ice-cream powder (1) ; infants soothing mixture (1) ; jam (1) ; jelly (1) ; kaolin mixture (1) ; lemonade powder (1) ; meat (beef or pork) pies (18) ; meringue powder (1) ; pickles (1) ; raisin flavoured wine (1) ; sausage (beef, pork, chippolata, liver, etc.) (16) ; sponge mixture (1) ; sweet spirits of nitre (1) ; sweets (boiled) (5) ; sulphur lozenges (1) ; synthetic cream (1) ; toffee apple (1).

The following table summarises samples taken and the subsequent action :—

TABLE XII

Nature of Samples	No. of Samples	Genuine	Adulterated or otherwise Unsatisfactory	Letters of caution, etc.	Prosecutions
Beverages ....	101	99	2	2	—
Cereals ....	86	86	—	—	—
Confections ....	200	186	14	14	—
Drugs ....	207	199	8	8	—
Fats ....	54	52	2	2	—
Fish, Meats, etc. ....	263	227	36	36	—
Milk and Milk Products ....	1,874	1,826	48	27	10
Preserves ....	86	81	5	5	—
Seasonings ....	92	91	1	1	—
Vegetables ....	46	46	—	—	—
Miscellaneous ....	102	95	7	7	—
	3,111	2,988	123	102	10

In addition to the foregoing, the City Analyst, Mr. D. J. T. Bagnall, A.C.G.F.C., F.R.I.C., publishes in his Annual Report full details of the work done by him under the Food and Drugs Act.

*Bacteriological Examination of Other Foods, etc.* Fourteen samples (comprising liquid beverages, washed bottles for containing same, ice-cream, ice-lollies, fish cakes and a prepared jelly) were obtained and submitted for bacteriological examination. The samples of ice-cream and ice-lollies were taken because these commodities were suspected as being sources of food poisoning, but the result of the examination was negative in each case.

In the remaining cases, the samples were examined so as to give an indication of the methods employed in manufacture and appropriate action was taken where necessary.



*Byelaws with respect to the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air.* The Byelaws, which came into operation on the 18th September, 1950, are administered jointly by the Chief Sanitary Inspector and the Chief Food Inspector.

Although it was not necessary to institute proceedings against any person for offences, a number of cautions were given in respect of minor infringements mainly at refreshment rooms and food-preparing premises.

*Registration of Hawkers of Food and their Premises.* One of the greatest anomalies since the introduction of the Food and Drugs Act, 1938, has been the fact that whereas premises used for the manufacture and sale of ice-cream have had to be registered by the local authority, no registration has been required in the case of persons selling ice-cream from barrows in the streets, despite the fact that this branch of the trade was the one which required the most supervision. A man with a cart or tricycle could obtain a bulk supply of ice-cream from a manufacturer and start off for the day on a "sale or return" basis. He might have been dirty in person, clothing and habits, and probably had no washing facilities on his vehicle, notwithstanding that he had to be out from morning to night, handle considerable amounts of money and attend to his own bodily needs. Whilst the introduction, in 1950, of the Local Byelaws with respect to the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air, did much to overcome these evils, it still failed to provide for registration. This has now been remedied by the operation, as from the 1st December, 1952, of Section 61 of the Kingston upon Hull Corporation Act, 1952, which requires the registration by the Local Authority of all food hawkers and any premises used by hawkers for the storage of food. The Section gives the Corporation power to refuse or cancel registration if it appears to them that the public health is likely to be endangered by the act or default of any person in relation to the quality, storage or distribution of food, or if any premises do not satisfy the provisions of Section 13 (1) of the Food and Drugs Act, 1938. Exceptions to registration are made in certain cases, *i.e.*, dairymen are not required to register, nor is it necessary to register premises already registered under Section 14 of the Food and Drugs Act. These exceptions, however, are merely to avoid duplication of registration and do not affect the general purpose of the Act.

A public advertisement was inserted in the local press drawing the attention of all food hawkers to their obligations under the Act, and before the end of the year, a considerable number of applications had been received for registration. All applications made will be carefully investigated before registration is considered by the Committee. It is too early to say how many food hawkers who are subject to registration are operating in the City at the present time, but evidence seems to indicate the figure will be a large one. Complete information showing the numbers of persons and premises registered will be included in the 1953 Report.

*Public Health (Preservatives, etc. in Food) Regulations, 1925 to 1940.* 2,779 of the samples taken under the Food and Drugs Act, 1938, were also examined in the light of the above-mentioned Regulations and 133 were found to contain permissible preservatives. There were 4 contraventions of the Regulations, *i.e.*, 4 samples of sausage (one of liver, one of beef and 2 of pork) were found to contain preservatives without declaration. The vendors of these samples were cautioned and subsequent samples were satisfactory. 144 food substances, other than butter and margarine, were found to contain artificial colouring but in no instance was prohibited colouring found to have been used.

*Labelling of Margarine.* 18 samples of margarine were obtained. There were no contraventions of the labelling provisions.

*Food and Drugs Act 1938, Section 34.* One firm applied to the Local Authority for the registration of their premises under Section 34 (1) (b) of the Food and Drugs Act, 1938, for the purpose of carrying on business as wholesale dealers in margarine. The application was approved following a satisfactory report by the Inspector concerned and a certificate of registration was issued. The name of one firm was deleted from the Register consequent on cessation of the business. Both these amendments to the Register were notified to the Ministry of Food in accordance with the provisions of the Act.

At the 31st December, 1952, there were 59 registered premises on the Local Authority's Register, *viz.*, 56 wholesale dealers in margarine, 1 margarine factory and 2 butter factories.

*Fertilisers and Feeding Stuffs.* 56 inspections were made, namely, 11 at retailers' premises, 39 at manufacturers' and 6 at merchants' premises. In several instances, contraventions had taken place and the persons concerned were notified of the offences and cautioned by the Inspector.

37 samples of feeding stuffs and 13 of fertilisers were obtained and submitted for analysis by the Agricultural Analyst. Of these samples, 12 were taken at the request of other Authorities who had received adverse reports concerning samples taken in their areas.

8 of the samples of feeding stuffs and 5 of the fertilisers were returned as satisfactory. Of the remainder, one sample of fertiliser was regarded as unsatisfactory because information was not given in the prescribed form, and 29 samples of feeding stuffs and 7 of fertilisers were also unsatisfactory insofar as the limits of variation laid down in the Regulations were exceeded with respect to one or more of the ingredients. The persons or firms concerned were notified of their failure to comply with the Act and/or Regulations.



*Pharmacy and Poisons Act.* 14 persons applied, in respect of 14 premises, to have their names entered in the Corporation's list kept under the Act and application was made by one person for an alteration to be made in the list on account of transfer of the business to other premises. The names of 32 persons, affecting 33 premises, were removed from the list as they either ceased to sell poisons or the premises were closed. In addition, the names of 3 persons (in respect of 5 premises) were removed from the list because of failure to pay the fees prescribed by Rule 31 of the Poisons Rules, 1949. All the persons concerned were notified of their right of appeal under the provisions of the Poisons (Appeal to Quarter Sessions) Rules 1936. 208 persons applied for the retention of their names in the Corporation's list, in respect of 373 premises. All the applications were granted. At present the names of 220 persons or firms are entered in this Authority's list, in respect of 390 premises.

93 inspections were made for the purposes of the Act. In 8 cases it was found that persons, whose names were not included in the Local Authority's List of Persons entitled to sell Poisons included in Part II of the Poisons List, were selling Phenolic poisons in contravention of the provisions of the Act. After being cautioned verbally by the Inspector in respect of these offences, the vendors either discontinued the sale of such poisons or made application for the inclusion of their names in the Local Authority's List. It was also necessary to caution several persons whose names were included in the Local Authority's List, for minor contraventions of the Act. All the persons took immediate steps to comply with the legal requirements.

*Inspection of Licensed Premises.* Public houses are inspected frequently in the course of sampling under the Food and Drugs Act, enforcement of the Shops Acts, supervision of restaurants and refreshment places, etc. In addition, 29 licensed premises were the subject of special inspections during the year and 10 direct contraventions of the Food and Drugs Act, 1936, were discovered. These contraventions were : no readily available supplies of hot water (4 instances) ; no proper wash-up sink provided (1 instance) ; untrapped drain inlet into cellar (1 instance) ; doors in rooms where food was stored or sold giving direct access to sanitary conveniences (3 instances) ; room not provided with adequate means of ventilation (1 instance). Other matters found to require attention consisted of inadequate screening of urinals, insufficient or inadequate natural or artificial lighting to sanitary conveniences, water-closets without seats, urinal stalls and channelling in an offensive condition and/or flushing apparatus defective, and untrapped sink waste pipes. There were also several cases where beer glasses were being improperly washed and some instances were found where beer pipes required cleansing or were made of unsuitable material. The matters requiring attention were brought to the notice of the owners or occupiers (whichever were responsible) and in the majority of cases the requirements of the Department had been satis-



factorily complied with at the end of the year. In the few remaining cases which were outstanding, the work was in hand. It was necessary in one or two instances to draw attention to the desirability of discontinuing the use of spittoons. Happily, provision of facilities for this disgusting practice have to a large extent been eliminated in recent years, although there are isolated houses which still connive it. When these cases are discovered, the Company's attention is drawn to the danger which exists to public health, particularly in the spread of tuberculosis and other infectious diseases, and, in most instances, the facilities are withdrawn.

Generally speaking, brewers have been co-operative in regard to improvements to sanitary accommodation at their licensed premises, and our requests for work, although necessary, have been limited mainly by licensing considerations. The Ministry of Works have given careful thought to the demands of both local authorities and brewers but in order to use men and materials in the building industry to the best advantage, some programme has been necessary. Accordingly, applications for licences have been granted so as to spread work over the winter months when weather conditions are not so suitable for house building. This has meant a certain amount of discrimination in the Department's demands so as to ensure that the most urgent work is given priority over items of a less urgent nature.

*Bakehouses.* 173 bakehouses, including 94 power factories and 14 non-power factories, are on the register ; 1,114 inspections were made and 35 infringements or defects were dealt with.

*Refreshment Room Kitchens and other Workplaces.* 570 workplaces on the register, employed 2,975 males and 1,767 females. 974 inspections were made of workplaces, which were found to be in a clean condition. 125 of the workplaces are refreshment room kitchens, the others being used for fruit sorting, tea packing, bottle washing, etc.

*Food and Drugs Act, 1938—Section 13—Catering Establishments.* At the request of the Local Food Executive Officer, 42 premises were inspected by the Shops Inspectors in connection with applications made by the occupiers for catering licences.

With the exception of 4, all the premises were found to satisfy the requirements of the Act and the Food Executive Officer was notified accordingly. The 4 exceptions not recommended were unsuitable for use as catering establishments and could not be made to satisfy the requirements of Section 13 of the Act.

## WORK OF THE FOOD DEPARTMENT

The following is a summary of the work carried out by the Chief Food Inspector and seven assistants.

*Scope of Work.* The duties of the Chief Food Inspector and his assistants include the inspection of the fish markets, the slaughterhouses, and of all meat, fish and fruit sold in the city, and of all retail shops (other than retail dairies) where food is sold. Milk shops and dairies are under the supervision of the Chief Sanitary Inspector's staff. The Chief Food Inspector's Branch is also responsible for the inspection of food for the Hull and Goole Port Health Authority. A further responsibility is the administration of the Performing Animals (Regulation) Act, 1925, and the Pet Animals Act, 1951.

*Slaughterhouses.* Private slaughterhouses in use during 1952 were :— 3 occupied by the Ministry of Food, 1 used for the slaughter of horses for food for human consumption, and 1 for the private slaughter of pigs by cottagers, etc. In 1939 there were 44 in use, some of which were damaged by enemy action during the war.

The following table shows the number of animals slaughtered at 5 licensed slaughterhouses in 1952 and in previous years :—

<i>Year</i>	<i>Cattle (and Calves)</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
1952	14,235	34,909	19,587	304	69,035
1951	17,819	27,116	12,908	317	58,160
1950	17,957	32,325	6,353	806	57,441
1949	12,506	31,662	3,475	1,072	48,715
1948	10,330	25,952	2,637	1,478	40,397
1947	15,206	21,588	1,201	1,147	39,142
1946	14,907	29,311	1,728	890	46,836
1938	16,910	51,111	31,551	—	99,572

*Slaughter of Animals Act, 1933.* There are now 98 persons licensed by this Authority to slaughter animals, including 2 Jews whose licences are subject to their obtaining the necessary licences and renewals thereof from the Rabbinical Commission to slaughter by the Jewish method for the food of Jews. 34 licences which had expired were renewed for a further period of three years.

The Medical Officer of Health is authorised to issue licences to Mohammedans for the supply of meat to ships' crews, such licences being tenable for 24 hours to cover the period required.



*Public Health Meat Regulations, 1924.* Generally, these Regulations were well observed throughout the year, but cautions were given from time to time to those engaged in the handling and transport of meat.

The number of notifications received by the Chief Food Inspector involving the inspection of foodstuffs was 1,932.

All ante-mortem inspections at the Cattle Market are done by the Veterinary Officers of the Ministry of Agriculture and Fisheries. Details of the post-mortem inspections carried out by the Chief Food Inspector and his staff are as follows :—

**TABLE XIII**  
SUMMARY OF CARCASSES INSPECTED AND CONDEMNED

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed....	9,535	2,328	2,372	34,909	19,587
Number inspected	9,535	2,328	2,372	34,909	19,587
<i>Affected with Diseases other than Tuberculosis—</i>					
Whole carcasses condemned....	5	14	20	95	96
Carcasses of which some part or organ was condemned	3,392	815	19	1,964	5,614
Percentage of the number inspected affected with disease other than Tuberculosis	35.57	35.01	0.80	5.63	28.66
<i>Affected with Tuberculosis only—</i>					
Whole carcasses condemned....	21	59	3	—	36
Carcasses of which some part or organ was condemned	805	1,095	—	—	3,208
Percentage of the number inspected affected with Tuberculosis	8.44	47.04	—	—	16.38

WHOLE CARCASSES AFFECTED WITH TUBERCULOSIS

	1949	1950	1951	1952
Cows	105	99	45	59
Heifers	10	22	9	8
Bulls	1	2	4	—
Oxen....	12	14	16	13
Pigs	15	13	29	36
Calves	4	2	3	3
	147	152	106	119



## WHOLE CARCASSES FOUND TO BE UNSOUND FROM CAUSES OTHER THAN TUBERCULOUS

BEEF		MUTTON		VEAL		PORK	
Disease or Condition	No.	Disease or Condition	No.	Disease or Condition	No.	Disease or Condition	No.
Emaciation ....	5	Septic Pleurisy	1	Pyaemia ....	2	Septicaemia ....	5
Pyaemia ....	1	Gangrenous		Immaturity ....	2	Swine Erysepelas	20
Dropsy and		Pneumonia ....	3	Jaundice ....	1	Dropsy and	
Emaciation ....	3	Emaciation and		Pyrexia ....	7	Emaciation ....	8
Pyrexia ....	2	Dropsy ....	40	Joint ill. ....	3	Pyrexia ....	8
Dropsy ....	1	Moribund ....	7	Emaciation ....	2	Moribund ....	8
Septicaemia ....	3	Emaciation ....	28	Ringworm ....	1	Pyaemia ....	12
Gangrene ....	1	Pyaemia ....	5	Septicaemia ....	1	Immaturity ....	3
Gangrenous		Septic		Acute		Dropsy ....	6
Trachitis ....	1	Pneumonia		Peritonitis ....	1	Extensive	
Septic		& Emaciation	1			Gangrenous	
Pericarditis ....	2	Pyrexia ....	1			Bruising ....	1
		Generalised				Multiple and	
		Melanosis ....	1			Extensive	
		Decomposition	2			Bruising ....	2
		Septic Metritis	1			Gangrenous	
		Septic				Pneumonia ....	2
		Peritonitis ....	1			Emaciation ....	5
		Jaundice ....	1			Sapraemia ....	1
		Gangrene ....	1			Urticaria ....	1
		Gangrenous				Pneumonia and	
		Trachitis ....	1			Emaciation ....	1
		Odoema ....	1			Decomposition	3
						Acute	
						Peritonitis ....	5
						Jaundice ....	1
						Suspected	
						Swine Fever	3
						Septic ....	
						Metritis ....	1
Total ....	19	Total ....	95	Total ....	20	Total ....	96

All Bovine animals were inspected for *Cysticercus Bovis* and 135 localised infections were found. The carcasses and offal were dealt with according to Ministry of Food instructions.

*Unsound Food.* Condemned meat is the property of the Ministry of Food. Condemned fish is sold to a fish manure manufacturing company, whose premises adjoin the Fish Dock.

The following is a summary of the unsound food surrendered or seized during the year :—

							<i>Tons</i>
Meat	...	....	....	....	....	....	212
Fish	....	....	....	....	....	....	1,150
Fruit and Vegetables				....	....	....	30
Tinned Goods		....	....	....	....	....	40
Miscellaneous Foodstuffs	....		....	....	....	....	9
<b>Total</b>							<hr/> 1,441 <hr/>

*Agreements for Destruction of Unsound Foodstuffs.* 13,888 agreements for the destruction of unsound foodstuffs were entered into by the owners and the Food Inspection branch of the Health Department.

*Bacteriology.* In addition to the ordinary routine examinations, special microscopical preparations were made and examined from the blood and tissues of 52 animals for the detection of anthrax bacillus, all with negative results.

*Food Preparing Premises.* Premises registered for the preparation of potted meat and other foods under Section 14 of the Food and Drugs Act, 1938, numbered 263 at the end of the year. All premises were regularly visited by the Inspectors.

*School Meals Service.* 140 visits were made to school kitchens in the City for the purpose of food inspection and general cleanliness.

*Pet Animals Act, 1951.* 18 persons were registered under the Pet Animals Act, 1951, during the past year. All premises were visited regularly each month.

*Fish Inspection.* The Food Inspection Branch has an office on the Fish Dock and 2 Inspectors devote practically all their time to inspecting fish at the docks and in fish shops. The estimated weight of fish landed by 2,478 trawlers was 262,336 tons, of which 1,150 tons were found to be unsound, viz.:—

<i>Fishing Grounds, etc</i>	<i>No. of Trawlers</i>	<i>Estimated Weight of Fish Tons</i>	<i>Weight Unsound Tons</i>
North Sea ....	303	4,025	4
Iceland ....	552	56,155	282
White Sea ....	901	104,830	455
Bear Isle ....	290	35,725	105
Faroe ....	40	2,925	3
Norway Herrings ....	33	10,535	1
Norway Coast ....	140	15,185	145
Greenland ....	192	30,841	125
Norway Deep Waters ....	5	530	1
Norway Mackerel....	20	350	9
Swedish Carriers ....	1	20	—
Norway Carriers ....	1	15	—
Miscellaneous ....	—	—	18
British Railways ....	—	1,200	2
Totals ....	2,478	262,336	1,150

*Butchers' Shops.* The 407 butchers' and pork butchers' shops, and other shops where meat is sold, were visited from time to time throughout the year.

*Horse Meat.* Two shops which sell horseflesh for human consumption are visited regularly, and all carcasses are inspected before being allowed to be sold.

*Fish and Game Shops, etc.* There were, at the end of 1952, 219 fried fish, 91 fish and game, and 26 shellfish shops, and 53 fish-curing houses in the city. These premises are visited regularly by the Inspectors with a view to ensuring that the foodstuffs supplied are fresh and wholesome and that the premises and utensils are maintained in a clean condition.

*Restaurants and Cafes.* Regular visits throughout the year resulted in a very marked improvement in the kitchens where the food is prepared.

*Food Control.* On behalf of the local Food Control Committee and the Ministry of Food, 15 visits were paid to premises for the purpose of inspecting foodstuffs.

#### SUMMARY OF INSPECTION OF PREMISES, ETC.

Slaughterhouses, Butchers' Shops, Factories and Stalls ....	5,484
Fish Shops and Stalls, Game Stores, Curing Houses and Carts ....	1,403
Fruit Warehouses, Shops, Markets, Stalls and Carts ....	2,729
Total ....	9,616



*Shellfish.* During the year, 6 samples of cooked mussels and 10 samples of raw mussels were submitted to the City Analyst, who reported 1 sample of cooked and 5 samples of raw mussels as unsatisfactory.

*Bye-laws as to Meat for Feeding Animals.* The Corporation are now empowered under the provisions of Section 62 of the new Corporation Act to make bye-laws prohibiting the sale or offer or exposure for sale of animal feeding meat for consumption by dogs, cats, or other animals unless it has been sterilised in a prescribed manner. The bye-laws can also require the exhibition of notices in shops etc., where the meat is sold stating that the animal feeding stuff is not for human consumption.

Powers to deal with this matter have been sought by the Corporation because there are several shops in the City selling meat which is known to be diseased and even dangerous, but as such meat is intended for cats and dogs, no action can be taken by the Department. Although notices in the windows of the shops concerned may contain such statements as "choice fresh killed meat for your dogs and cats", there is nothing whatever to indicate to the public that it is unfit for human consumption. It is even possible that some members of the public may, in ignorance be tempted to buy it for their own families. Quite apart from these considerations, however, it is clearly undesirable for domestic animals to consume raw diseased meat and then lick the face or hands of some member of the family. Furthermore, it is possible for a dog or cat, after consuming such meat, to contract disease and then become a source of infection in the household.

Towards the end of the year, the Committee had instructed the Town Clerk to submit draft bye-laws for their consideration, and it is hoped that such Bye-laws will come into operation during 1953.

PART III

NATIONAL HEALTH SERVICE ACT, 1946

# NATIONAL HEALTH SERVICE ACT, 1946

## SECTION 21—HEALTH CENTRES

During the year further consideration has been given to the provisional siting of Health Centres in Neighbourhood Units.

Resulting from the discussions between the Local Authority and the Local Executive Council referred to in my previous report, three Corporation houses on the Bilton Grange Estate were made available to each of three general medical practitioners to enable them to carry on their practices in the neighbourhood pending the provision by the Local Health Authority of surgery accommodation at a Health Centre. These houses have been let by the Corporation to the doctors concerned on a landlord-tenant basis and on the understanding that the doctors participate in the group practice arrangements to be made when the necessary premises are available.

In October the Health Committee stressed the urgent need for the provision of localised general medical, dental, pharmaceutical, ophthalmic and Local Authority health services to serve the inhabitants of the newly developed residential area of the Bilton Grange Estate. Towards the end of the year representatives of the Local Authority and other bodies concerned met to give joint consideration to a proposed scheme for the provision of a health centre on the Estate.

The question of ownership, and the use to which the ex-Hull and Sculcoates Dispensary premises will be put remained undetermined at the end of the year.

Permission was again given by the Local Authority to the Leeds Regional Hospital Board for the Board's Mass Radiography Unit to have the temporary use of the Central Branch Dispensary premises, Baker Street, as a centre from which the Unit could operate whilst carrying out a chest survey of people residing in Kingston upon Hull and district. Facilities were also given for the Medical Director of the Unit to hold consultations with persons visiting the Centre, and for other members of the Unit to carry out administrative duties on the premises.

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

The following report has been contributed by Dr. Helen Standring, M.B.E., the Senior Medical Officer in charge of the Maternity and Child Welfare Department.

A comprehensive Maternity and Child Welfare Service is available for all expectant and nursing mothers and for their children up to the age of 5 years.



*Ante-Natal Care.* Expectant mothers who have not booked a private doctor, or whose doctor is in agreement, are encouraged to attend an Ante-natal Clinic a full list of which is given on page 29 of this Report. There, the mother is advised as to the arrangements for her confinement, and whether it should take place in the Maternity Hospital or at home. Preference is given for admission of mothers to the Hospital on (1) medical grounds, and (2) social grounds. Owing to the shortage of maternity beds in the Hospital each application has to be considered carefully before a decision to accept the applicant is reached. If the mother is to be admitted to the Maternity Hospital she attends the Hospital Ante-natal Clinic which is held at the Sykes Street Clinic. The expectant mother who is to be confined in her own home attends the Ante-natal Clinic serving the area in which she lives. Here, the midwife she has booked for her confinement will be in attendance, and the two get to know each other and set up that right psychological understanding so essential to the happy confinement of the mother. Regular attendance at the Clinic is urged. The doctors conducting the Ante-natal Clinics during the year were :—Doctors Wilson, Cincio, Carson, Barrowman, Fleming and Griffith. The general health of the mother is checked, and if dental treatment is required she is referred for priority treatment as reviewed on page 111. Blood is examined to exclude venereal disease and tested for the Rhesus factor, the necessary steps being taken to safeguard the health of the mother and child following the results of these tests. Individual advice and group teaching are given regarding preparation for the confinement, home helps, and general mothercraft.

During the year 1952, attendances at Ante-natal Clinics have been as follows:-

Ante-Natal Clinics	No. of Sessions	Attendances		
		First	Re-attendances	Total
<i>Sykes Street—</i>				
Monday and Thursday afternoons .....	99	1,168	3,266	4,434
Wednesday and *Friday mornings .....	95	331	1,001	1,332
<i>East Hull, Morrill Street—</i>				
Monday and Wednesday mornings and Monday and Tuesday afternoons.....	200	962	2,866	3,828
<i>North Hull, Ellerburn Avenue—</i>				
Tuesday mornings .....	50	211	720	931
<i>West Hull, 69 Coltman Street—</i>				
Monday morning, and Tuesday and Wednesday afternoons .....	151	742	2,241	2,983
Wednesday morning .....	51	165	680	845
<i>Priory Road—</i>				
Tuesday morning .....	50	115	418	533
Total patients seen at the above Ante-Natal Clinics .....				5,087

\*Friday morning Clinic closed.....31/10/1952.

In addition, Clinics were held at the Sykes Street Clinic, on Tuesday and Wednesday afternoons, for Maternity Hospital patients.

X-ray facilities are available at the East Hull Clinic on the recommendation of the doctors at the Ante-Natal Clinics. 257 cases were referred during 1952.

The necessary forms for food priorities, maternity benefits, etc., for each mother, are completed by the staff at the Ante-natal Clinics.

*Sterilised Maternity Outfits.* Maternity Outfits are issued from a Central Store upon production of a certificate signed by the midwife booked for the confinement.

*Post-natal Care.* Post-natal care of the mother is now part of the duty of the practitioner obstetrician engaged by the mother for her maternity care. Post-natal care is still available at the Ante-natal Clinics, however, to mothers who have not booked a doctor.

*Gynæcological Clinic.* This Clinic is available for advice on gynæcological abnormalities. Birth Control advice is given under Circular 1408. The charge for the accessories prescribed is assessed on an income basis. The total attendance was 449, of which 75 were new cases.

*Notification of Births Acts.* The total number of notified live births was 5,556. Of these, 2,977 births took place in the mothers' own homes, 2,579 in Hospitals, and Nursing Homes ; 53 live births were not notified.

*Maternal Deaths.* The number of maternal deaths registered during the year was 3. The maternal mortality rates were as follows :—

	1952	1951	1950
Per 1,000 live births....	0.54	1.77	0.69
Per 1,000 total (live and still) births	0.53	1.73	0.67

There was no death associated with pregnancy.

Enquiry forms, which are confidential, were completed and forwarded to the Maternal Mortality Committee of the Ministry of Health.

*Puerperal Pyrexia.* 72 cases of puerperal pyrexia were notified during 1952. Of these, none proved fatal.

Beds are available in a cubicle block at the Castle Hill Infectious Diseases Hospital for the treatment of cases of puerperal pyrexia.

*Ophthalmia Neonatorum.* During 1952, 8 cases of Ophthalmia Neonatorum were notified by the medical practitioners in attendance.

There was no impairment of vision in these cases.

The fall in the incidence of Ophthalmia Neonatorum is attributable to the early treatment in the ante-natal period of all cases of vaginal discharge in expectant mothers. It is now a rare occurrence to see a child with impaired vision due to Ophthalmia Neonatorum.

*Pemphigus Neonatorum.* This disease is compulsorily notifiable in the city. During 1952, 2 cases were reported to the Medical Officer of Health. In each case the disease was of a mild type.

*Still-births.* The number of still-births registered during the year was 135—a rate of 24·3 per 1,000 registered live births and 23·7 per 1,000 live and still-births.

*Infantile Mortality.* 221 deaths occurred of infants under 1 year of age. This gives an infantile mortality rate of 39·8 per 1,000 live births, compared with 46·0 in 1951 and 34·3 in 1950.

The neo-natal mortality—that is, the death-rate under 1 month of age per 1,000 live births—was 21·58 compared with 24·05 in 1951 and 20·08 in 1950.

The following table shows the number of deaths of infants under 1 year of age, and the rate per 1,000 live births, for the last 5 years.

<i>Year</i>	<i>No. of Deaths</i>	<i>Rate per 1,000 Births</i>
1948	309	46
1949	259	42
1950	200	34
1951	258	46
1952	221	40

Full particulars of the deaths of infants are given in Table XIV, page 104.



**TABLE XIV**  
**INFANT MORTALITY (NET DEATHS FROM STATED CAUSES UNDER ONE YEAR OF AGE)—1952**

CAUSES OF DEATH	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	1st Week	2nd Week	3rd Week	4th Week	Under 1 Mth.	1/2 Mths.	2/3 Mths.	3/4 Mths.	4/5 Mths.	5/6 Mths.	6/7 Mths.	7/8 Mths.	8/9 Mths.	9/10 Mths.	10/11 Mths.	11/12 Mths.	Total	
																								1952	1951
Smallpox ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Scarlet Fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Whooping Cough .....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuber. Diseases .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not T.B.) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Convulsions ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Laryngitis ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Pneumonia (all forms) .....	—	—	—	—	—	—	—	—	4	1	1	6	9	16	4	6	7	1	3	1	4	1	1	1	73
Diarrhoea and Enteritis .....	—	—	—	—	—	—	—	—	—	1	1	2	4	3	4	3	—	—	—	2	—	—	—	—	22
Gastritis ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rickets ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffocation (Overlaying) .....	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
Injury at Birth .....	2	4	5	2	—	1	—	14	—	—	—	14	—	—	—	—	—	—	—	—	—	—	—	—	2
Atelectasis ....	2	2	3	2	—	1	—	10	5	2	1	18	—	1	1	—	—	—	—	—	—	—	—	—	14
Congenital Malformations .....	1	3	2	2	2	—	—	10	6	1	1	18	6	3	1	—	—	—	—	1	—	—	—	—	20
Premature Birth .....	21	8	7	5	3	2	3	49	3	2	—	54	—	—	—	—	—	—	—	—	—	—	—	—	31
Atrophy, Debility and Marasmus .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54
Other Causes .....	3	—	—	—	1	—	1	5	2	—	—	7	2	2	—	1	—	1	2	—	1	1	—	—	17
Total ....	30	17	17	11	6	4	4	89	20	7	4	120	21	26	10	12	8	5	3	7	6	2	1	—	221
1951 ....	40	21	20	8	4	5	8	106	15	7	7	135	25	19	20	17	7	8	8	3	4	6	6	—	258

These figures have been compiled locally and may not agree with those in Table IIIa

*Child Welfare Clinics.* The full-time Medical Officers in the Department have been assisted in the conduct of Child Welfare Clinics by Dr. Helen Gebbie and Dr. Winifred Wyatt. The list of Clinics will be found on page 29.

By the kind permission of the Postmaster, lists of Child Welfare and Ante-natal Clinics are exhibited in the Post Offices.

Work in the Child Welfare Clinics includes the individual teaching of mothers and the group teaching of mothercraft by the health visitors ; the doctors examine the infants and toddlers and advise mothers as to keeping the children in good health. When any abnormality is found the child is referred to its own doctor or to one of the inter-availability Clinics, see page 29.

Table XV summarises the work done at the Child Welfare Clinics during the year.

*Ophthalmic Clinic.* Spectacles required by infants referred to the Ophthalmic Clinic are provided free by private opticians under arrangements made by the Executive Council in accordance with Section 41 of the National Health Service Act.

*Light Clinics.* There is one type of lamp in use—the Mercury Vapour. The number of new cases treated in 1952 was 811. The number of attendances made was 12,340.

The majority of cases were children under school age. 316 school children received treatment during 1952 and 2 tuberculous patients.

*Treatment Clinics.* A special treatment clinic was held at the Sykes Street Clinic for cases referred from the Ante-Natal Clinics.

*Orthopædic Clinics.* The Maternity and Child Welfare Service hold an Orthopædic Clinic at the East Hull Clinic, Morrill Street, at which the services of a part-time Physiotherapist are engaged. In addition, cases are referred to the Clinics organized by the School Health Service and held at the North Hull Clinic and at the Central School Clinic.

*Chiropody Clinics.* This service is now available for expectant and nursing mothers and young children. Few cases needing chiropody occur among children under 5 years of age. 3 cases (2 callosities, 1 toe deformity) were referred to the Clinic for treatment during the year. The total number of attendances was 5.

At the East Hull Clinic 60 new cases were seen by the Orthopædic Surgeon during the year ; of these, 33 cases were referred by the School Health Service and 27 by the Maternity and Child Welfare Department. Details are shown in the following table :—

## EAST HULL ORTHOPÆDIC CLINIC.

TYPE OF CASE	EDUCATION CASES		TUBERCULOUS CASES		M. & C.W. CASES	
	New cases	Total attend.	New cases	Total attend.	New cases	Total attend.
<i>Deformities—</i>						
Rickets ....	—	—	—	—	—	—
Spinal Curvature ....	1	1	—	—	—	—
Infantile Paralysis ....	1	11	—	—	—	—
Other Forms ....	31	49	—	—	27	52
<i>Tuberculosis—</i>						
Spine ....	—	1	—	—	—	—
Hip ....	—	—	—	—	—	—
Other Bones and Joints	—	—	—	—	—	—
TOTAL ....	33	62	—	—	27	52

## TREATMENTS GIVEN

FORM OF TREATMENT	EDUCATION CASES	TUBERCULOUS CASES	M. & C.W. CASES
Massage ....	257	—	57
Electrical ....	—	—	—
Remedial Exercises ....	786	—	57
Other ....	71	—	—
TOTAL ....	1,114	—	114

28 new cases of children under 5 years referred by this Department attended the North Hull and Central Clinics. (For details see page 214 of the School Health Service report.)

*Voluntary Workers at Clinics.* Voluntary helpers continue to do valuable work at the Child Welfare Clinics, attending both morning and afternoon sessions, in order to assist in the general duties of the clinics. Their work is greatly appreciated.





TABLE XV

## WORK DONE AT THE CHILD WELFARE CLINICS

Clinic	East Hull	West Hull	King's Hall	Dairy-coates	Preston Road	New-land	Sutton	Albert Avenue	North Hull	Priory Road	Pickering Road	St. Martins	Frog-hall Lane	Sykes Street	Mar-fleet *	St. Nini-an's	St. Michael's	St. Philip's†	Total	
																			1952	1951
No. of Sessions	152	99	100	51	100	101	50	101	102	99	52	49	52	50	43	50	47	9	1,307	1,240
Children under 1 year—																				
New Cases	417	490	265	160	167	226	75	194	235	198	78	82	43	149	119	140	107	34	3,179	3,344
Re-attendances	4,777	2,909	1,954	974	1,562	2,128	607	2,067	2,083	2,210	767	796	519	738	1,285	1,512	1,003	188	28,079	27,575
Children over 1 year—																				
New Cases	140	133	29	19	34	32	12	30	57	21	8	8	7	29	17	35	10	—	621	723
Re-attendances	2,882	525	380	293	630	746	157	1,012	776	962	247	359	180	247	476	470	288	61	10,691	11,330
Total attendances	8,216	4,057	2,628	1,446	2,393	3,132	851	3,303	3,151	3,391	1,100	1,245	749	1,163	1,897	2,157	1,408	283	42,570	42,972
Mothers who received advice about themselves and their children	413	171	336	109	92	208	49	217	350	348	61	129	36	59	91	239	77	21	3,006	3,407
Cases referred for Private or Hospital Treatment	44	19	1	17	9	20	13	6	42	1	3	10	2	18	7	26	1	3	242	206
Doctor's Sessions	141	99	40	38	40	88	37	38	90	87	39	37	39	40	43	38	36	9	979	837
Weighing Sessions	11	—	60	13	60	13	13	63	12	12	13	12	13	10	—	12	11	—	328	403
Cases seen by the Doctor	3,193	1,503	882	614	487	1,208	296	455	1,289	1,331	394	345	343	612	471	640	462	83	14,608	13,431

\* Closed 30th October

† Commenced 3rd November

*Provision of Fireguards.* In order to prevent deaths of children from burns and scalds, resulting from the absence of a fireguard, arrangements are in operation whereby fireguards are supplied. A scheme of recovery charges operates for the reimbursement of the cost, on an assessment basis.

During 1952, 415 applications were received.

In the course of the year there were 4 fatal cases in the City of burns and scalding in children under the age of 5 years.

*Co-ordination with other Bodies.* Inspectors of the Hull Branch of the National Society for the Prevention of Cruelty to Children visit all cases reported by the Department.

The Surgical Aid Organiser of the Hull Braves' Guild attends the Orthopædic Surgeon's Clinics and supervises the obtaining of splints and other surgical equipment of children attending these Clinics.

Our thanks are due to these voluntary societies for the help they give to the Department.

*Care of Illegitimate Children.* The Ministry of Health's Circular 2866 issued in October, 1943, continues to be implemented by close co-operation with Sister Bashford of the Sheltering Home for Girls. 106 expectant mothers of illegitimate children were reported to the Sister from Ante-natal Clinics, of whom 18 were married women. The joint efforts of the Sheltering Home staff and the Health Visitors are concentrated on obtaining the best possible care for the mother before and during her confinement, and for herself and her baby after the birth.

*York Diocesan Maternity Hostel, Sutton House,* accommodates 28 unmarried mothers. They are transferred to the Maternity Hospital for the confinement. The girls are usually in the hostel for an average stay of 16 weeks. 38 girls were admitted during 1952.

*Premature Babies.* (Circular 20/44). In an endeavour to reduce the neo-natal mortality rate concentrated efforts are being made in the care of premature babies. Specially equipped wards are in use for babies born in the Maternity Hospital. In certain cases, also, premature babies born outside the Hospital are admitted in specially prepared baby clothes and heated cots, and the temperature of the ambulance conveying the baby is raised considerably before leaving the depot. 70 premature babies were admitted from the district to the Premature Unit at the Maternity Hospital during 1952, and 7 were admitted to other hospitals.



None of the 18 premature babies born in private Nursing Homes were admitted to hospitals in the area during 1952.

The mother is encouraged to accompany the baby in order to continue breast-feeding, and if unable, or unwilling to enter hospital, an effort is made to persuade her to continue the supply of breast milk, which is collected daily from her home.

180 premature babies were notified as having been born at home during the year and 18 in private Nursing Homes.

Special baby clothing and cots, with the necessary equipment, are available for the nursing of premature babies in their own homes.

*Nurseries and Child-Minders Regulation Act, 1948.* No registration was effected of premises or of daily minders.

*Day Nurseries (including 24-hour Nurseries).* There are two nurseries in the city for children under three years of age, both of which are approved for the training of students for the National Nursery Nurses' Certificate. The Pearson Park Nursery is a 24-hour nursery, and has accommodation for 48 children; the Holderness Road Nursery, which is a day nursery, has accommodation for 31 children.

A charge is made at the rate of 1s. per day and 1s. 6d. per day and night, in respect of the cost of meals.

As the situation of the two nurseries does not conveniently serve the whole of the city area, the Chief Education Officer granted permission for the Villa Place Nursery Class to be used as a collecting centre for children residing in that neighbourhood. Transport is provided to take the children from this collecting point to the Pearson Park Nursery (see page 122).

*Grants to Local Voluntary Associations.* Financial assistance was given by the Corporation to local voluntary associations engaged in maternity and child welfare work. A grant of £1,000 was made to the York Diocesan Maternity Hostel and subscriptions were paid to the Sheltering Home for Girls (£150) and the Hull Braves' Guild (£75).

# PROVISION OF DENTAL TREATMENT

REPORT BY DR. A. M. R. CANN,

*Senior Medical Officer, School Health Service.*

*Introduction.* There has been no development during the year regarding the establishment of a dental laboratory, or the appointment of a Dental Technician.

It has not been possible to carry out inspections in Nursery Schools or Day Nurseries.

*Staff.* Throughout the 12 months the staff consisted of two Dental Officers. The approved establishment under the Authority is one Senior Dental Officer and eight Dental Officers.

The time devoted to the inspection and treatment of Maternity and Child Welfare patients was equivalent to the services of approximately one quarter of one Dental Officer.

Efforts to obtain the services of a Senior Dental Officer and additional Dental Officers were not successful. These efforts will be continued during 1953 and the possibility of appointing dental practitioners on a part-time basis will also be explored.

*Premises and Equipment.* The general standard of premises and equipment was maintained. Dental Radiography is available at the Central Clinic.

*Professional.* During the year 220 expectant and nursing mothers received treatment. This is a decrease of 18 compared with the previous year. 71 mothers were made dentally fit, against 87 in 1951.

Pre-school age children treated totalled 517, a decrease of 57 on the number treated in 1951.

Clinic treatment consisted chiefly of fillings, extractions (using either local or general anaesthesia), scalings and gum treatment, and included the preparation of the mouth for dentures. The actual supply of dentures was undertaken by a panel of private dental practitioners.

TABLE XVI.

## (A) NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	.... 192	190	220	71
Children under five ....	.... 516	507	517	473

## (B) FORMS OF DENTAL TREATMENT PROVIDED

	Extrac-tions	Anaesthetics		Fill-ings	Scal-ings or scaling and Gum Treat-ment	Silver Nit-rate Treat-ment	Dress-ings	Radio-graphs	Dentures provided	
		Local	Gen-eral						Comp-lete	Part-ial
Expectant and Nursing Mothers	920	143	44	77	79	—	75	11	55	24
Children under five	1,130	254	279	1	1	—	1	—	—	—

Total attendances during the year :—

Expectant and Nursing Mothers, 616 ; Children, 684.

Cases under treatment at 31st December, 1952 :—

Mothers, 45 ; Children 17.

New-cases awaiting appointments at 31st December, 1952 :—

Mothers, 87 ; Children 10.

## SECTION 23—MIDWIFERY

In accordance with Section 10, Midwives' Act, 1902, a total of 94 midwives and 1 maternity nurse gave notice during the year of their intention to practice in the area of the Local Health Authority. Of this number, 1 midwife removed from the area, 3 resigned and 6 retired, leaving 84 midwives and 1 maternity nurse on the list at the end of January, 1953.



Under the provisions of Section 23 of the National Health Service Act, 1946, 58 domiciliary midwives have been employed during the year by the Local Authority. These midwives were responsible for the delivery of 1,543 cases as midwives and attended 1,446 cases as maternity nurses. Midwives in private practice made 1 domiciliary delivery during the year and attended 147 cases as maternity nurses. Accordingly, the municipal domiciliary midwives attended 95·3 per cent of the total number of mothers delivered in their own homes.

*Gas and Air Analgesia.* At the end of the year all the domiciliary midwives employed by the Local Authority were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives' Board, and 18 sets of apparatus were in use.

During the year gas and air was administered by the domiciliary midwives in 922 cases when acting as midwives, and in 895 cases when acting as maternity nurses.

*Midwives' Car Service.* Details of this service are included in the report on transport services on page 121.

*Calling in of Medical Aid.* By the rules of the Central Midwives' Board, midwives are required to send for medical aid under conditions and for reasons which are definitely specified. Medical aid was summoned in 724 cases. In 548 cases medical help was required for the mother alone, and in 176 cases for the child alone.

Under the National Health Service Act, all expectant mothers are encouraged to book a practitioner obstetrician who will be responsible on the call of a midwife for ante-natal, intra-natal and post-natal care, and the care of the baby. This has resulted in a fall in the number of medical aid cases for which the Local Authority is financially responsible. Where no doctor has been engaged, the Local Authority is still responsible for payment of the doctor attending a case on the call of the midwife ; no recovery of charge is now made against the patient.

*Infant Deaths notified by Midwives.* The number of deaths of infants occurring while a midwife was in attendance and notified under the Central Midwives' Board's Rules, was 2 compared with 18 in 1951.

*Maternal Death notified by Midwives.* There was one maternal death in the domiciliary practice.

*Midwifery Training School.* At the Part II Training School, which is wholly domiciliary and conducted by the Local Health Authority from the Albion Street Midwifery Centre, 24 pupils were successful in passing the Central Midwives' Board

Examination during 1952. 7 district midwives have resident accommodation at this Centre and assist in the training of the pupils. In addition 2 district midwives are in residence at the Midwives' Hotel, 1123 Hessle Road. The school is approved for 24 pupils per year.

## SECTION 24—HEALTH VISITING

The Health Visitor is the medico-social worker in the field dealing with the promotion of health of the citizens of all ages. Whilst in the past her main duties have been the care of the expectant and nursing mother and children under 5 years of age, she has actually had a much wider field of work. The new Act has given greater recognition to this, and increased considerably the number of her duties outside that of her original work.

The most important part of the Health Visitor's work is in domiciliary visits where she sees the mother in her normal environment and can speak to her in a much more knowledgeable way than when seen in a clinic. The total number of domiciliary visits paid by Health Visitors during the year was 155,490; the total number of clinic sessions attended by them was 4,027. Details of the visits paid by Health Visitors and Student Health Visitors are given below.

### VISITS PAID BY HEALTH VISITORS

	1952	1951
Total domiciliary visits ....	155,490	158,695
Total visits to Children ....	153,141	156,148
Visits to Expectant Mothers—		
First Visits ....	502	551
Re-visits ....	424	297
Infants under 1 year—		
First Visits ....	5,528	5,703
Special Visits and Re-visits ....	38,675	39,358
Infants aged 1 year to 5 years—		
First Visits ....	78	212
Special Visits and Re-visits ....	97,490	103,239
Miscellaneous Visits (Re-Infection, Removals, Medical Aids, Aged and Infirm, following up of Hospital Discharges etc.)....	12,793	9,335
No. of Attendances at Clinic Sessions ....	4,027	3,911
<hr/>		
Record Cards of Children who entered school, despatched to School Health Service ....	7,140	6,738

*Training of Health Visitors.* In order to fit in with the University College academic year, the period of training of Student Health Visitors was arranged to commence in September instead of in April. This meant that from 1st April to



31st August there were no Student Health Visitors. On 1st September, 1952, five Student Health Visitors commenced their training.

Students attended the University College for lectures during 3 academic terms ; they received, in addition, special lectures and demonstrations by members of the Public Health Department staff each week, and were given a wide practical experience of all branches of public health work in the School Health, Tuberculosis, and Maternity and Child Welfare Departments.

*Child Welfare Clinics.* 26 Child Welfare Clinic sessions are held weekly at 17 centres. During the year there were 42,570 attendances of mothers and children at the Clinics, of which 3,800 were first attendances. Details of the attendances at the various Clinics are given in Table XV.

*Changes of Address.* Health Visitors report removals of families to new addresses and arrange the transfer of records of any children affected if the change of address should be within the city. In cases where the removal is away from the city the Medical Officer of Health to whose area the child has been transferred is notified and records are sent to him in order to ensure continuity of care. These changes of address amount to surprising numbers, 3,466 children under the Health Visitors' care changed their addresses in Hull during 1952. This large number is probably due to the fact that many families with young children are living in rooms and make frequent changes in an endeavour to secure better accommodation. Further, 725 children removed out of Hull, including 90 out of Britain, and an approximately similar number came to Hull from other areas.

*Co-ordination of Work with other Departments.* All records of children on reaching the age of 5 years are forwarded to the School Health Service in order that a medical history of the children shall be available at the schools for routine inspection purposes.

## SECTION 25—HOME NURSING

In accordance with the duty and powers contained in Section 25 of the Act, the Local Health Authority arranged for the Hull Jubilee District Nursing Association to act as the agents of the Authority from the 5th July, 1948, in the provision of a home nursing service for the sick.

This service, which provides for the nursing of patients in their own homes, enables a quicker turnover of hospital beds by the earlier discharge of patients.



During the year the Jubilee District Nurses paid 178,486 visits to 7,694 cases. The work was carried out by a staff of 37 nurses (including 1 male nurse) employed whole-time and 3 part-time nurses.

*Sitters-up Service.* Under the powers contained in Section 28 of the Act, arrangements were made for the Hull Jubilee District Nursing Association to organise and operate on behalf of the Local Health Authority, a "Sitters-up" Home Nursing Service. Whilst the Jubilee Nurses are essentially visiting nurses, who attend at many homes each day, the "Sitters-up" remain with the patients for a number of hours, usually during the night, so that the family of the sick person may get a period of rest. The "Sitters-up" Service is scheduled as a domestic help service, but is used entirely for the nursing of the sick.

During the year there were 6 whole-time and 6 part-time members employed in this Service; a total of 233 cases were nursed on 2,431 occasions.

The Local Authority pays to the Hull Jubilee District Nursing Association the actual deficit on the operation of the Home Nursing and "Sitters-up" Services after the annual accounts have been mutually agreed.

## SECTION 26—VACCINATION AND IMMUNISATION

Vaccination against Smallpox and Immunisation against Diphtheria are both available through those private doctors who have agreed to give such service and through various clinics of the Health Department. At the end of the year 134 medical practitioners had consented to vaccinate and immunise in accordance with the provisions of the National Health Service Act, 1946, whilst throughout the year vaccination and immunisation sessions were held weekly at 3 main clinics and monthly sessions were held at 15 Maternity and Child Welfare Centres. Monthly sessions were commenced at the St. Michael's Church Hall, Holderness Road, on the 28th January, 1952, and at the Sykes Street Clinic on the 29th February, 1952.

Vaccination in early infancy is recommended by each Health Visitor when she makes her routine visit to a mother after the birth of a child. When the child reaches the age of nine months, immunisation is recommended by each Health Visitor in the course of her visits to the home.

*Vaccination.* During 1952, 2,021 infants were successfully vaccinated before reaching 1 year of age—790 were vaccinated by private medical practitioners and

1,231 at Health Department Clinics. This compares with 2,230 (912 by private medical practitioners and 1,318 at Health Department Clinics) vaccinated in the previous year.

The following summary shows the numbers of successful vaccinations and re-vaccinations carried out during 1952 :—

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	TOTAL
Number Vaccinated ....	2,021	29	39	46	148	2,283
Number re-vaccinated	—	1	14	22	329	366

The age in months of those under 1 year at the time of vaccination is shown below :—

**TABLE XVII**

**Successful primary vaccination of infants under 1 year**

Age in months when vaccinated													
	0	1	2	3	4	5	6	7	8	9	10	11	Total
Clinics ...	2	83	316	366	214	107	59	37	25	9	7	6	1,231
Private Doctors ....	2	81	187	182	165	78	38	25	15	6	4	7	790
Total ....	4	164	503	548	379	185	97	62	40	15	11	13	2,021

87 infants who failed to show any reaction after a first vaccination were not brought by the parents for a second attempt, and 112 did not show reaction after a second vaccination.

Details of successful primary vaccinations recorded each year since the National Health Service Act came into operation are given below :—

Year	Age when vaccinated					Total
	Under 1 year	1 year	2 to 4 years	5 to 14 years	15 years and over	
1948 (from 5/7/48) ....	976	18	5	8	24	1,031
1949 ....	2,072	20	14	22	45	2,173
1950 ....	2,075	94	88	173	140	2,570
1951 ....	2,230	51	35	59	163	2,538
1952 ....	2,021	29	39	46	148	2,283

It is unfortunate that the increase in the number of infants vaccinated during 1951 was not maintained in 1952. The reduction no doubt indicates the present attitude of parents towards vaccination. For the three years 1945-1947 prior to the National Health Service Act coming into operation, an average of 59 per cent. of infants were vaccinated by the end of the year following that in which they were born. In comparison, the average for the three years 1949-1951 shows less than 35 per cent.

*Diphtheria Immunisation.* In addition to the facilities for immunisation against Diphtheria provided at the Health Department clinics, a mobile unit toured the streets and visited schools. There is no doubt that by the use of this unit a number of children who would not otherwise have been immunised were given this protection against Diphtheria. Medical Practitioners who co-operated under the provisions of the National Health Service Act, 1946, were responsible for 799 initial immunisations and gave re-inforcing injections to 214 children. Health Visitors and School Nurses continued to visit and advise parents to have their children immunised and the School Nurses obtained consent for children to be immunised during school hours. Propaganda was continued by the use of posters, leaflets and “first birthday cards”, and by talks to local organisations by medical and other staff of the Health Department.



TABLE XVIII

DIPHTHERIA IMMUNISATION IN 1952

	Schick Test			Immu- nised after Test	Immunised without Test	Immunisa- tion not completed at 31st December	Schick Re-Test			Second Immu- nation completed at 31st December	Reinforc- ing Injection
	No.	Neg.	Pos.	N/K			No.	Neg.	Pos.	N/K	
Immunised by Local Health Authority :-											
Adults											
(15 years and over)	41	25	16	—	16	—	79	59	20	—	2
Schoolchildren											
(5 to 15 years) ....	—	—	—	—	1,176	251	—	—	—	224	7,987
Children											
(under 5 years) ....	—	—	—	—	3,659	526	—	—	—	—	79
Immunised by Private Doctors	11	2	9	—	8	799	1	1	—	—	225
TOTAL ....	52	27	25	—	24	5,634	80	60	20	224	8,293

Alum precipitated Toxoid was used generally as the immunising agent for children under 10 years of age, and T.A.F. for children over 10 years. T.A.F. was given in the adult age group.

The immunised child population in the city at 31st December, 1952, was : —

<i>Age Group</i>				<i>Total Immunised</i>	<i>Percentage Immunised</i>
Under 1 year	....	....	....	174	
1-2 years	....	....	....	3,191	
2-3 years	....	....	....	4,040	
3-4 years	....	....	....	4,463	
4-5 years	....	....	....	4,889	
				—————	
5-10 years	....	....	....	22,234	
10-15 years	....	....	....	17,901	
				—————	
				16,757	57·39%
				40,135	84·49%

Out of the total number of children under 15 years of age, estimated at 76,700, 74·2 per cent (56,892) had been immunised against diphtheria at the end of the year.

## SECTION 27—AMBULANCE SERVICES

The Ambulance Service, established in accordance with Section 27, National Health Service Act, 1946, operated satisfactorily throughout the year. Co-operation with the ambulance services of the East Riding County Council and local authorities in the West Riding was maintained and resulted in economy of vehicle mileage in the conveyance of patients to and from hospitals at Leeds, Wakefield and other parts of the Regional Hospital Board's area.

Action was taken to obtain by compulsory purchase a suitable site in the centre of the city on which to erect a new Central Ambulance Station, but at the end of the year the result of the official enquiry had not been made available, and no progress was made in the actual erection of the building. The emergency and street accident ambulances continued to operate from the Police Garage, Guildhall Road, and with the permission of the Chief Constable messages were transmitted through the police telephone lines. The general ambulance service continued to use part of the Disinfecting Station, Scarborough Street, which had, of necessity, to be utilised when the Ambulance Service was organised in July, 1948.

In September, 1951, radio-telephone sets were fitted to 6 ambulances and control apparatus installed at the Ambulance Station, Scarborough Street. The increased efficiency in the operation of the vehicles so equipped resulted in a decision to extend the system, and at the end of the year the fitting of radio-telephone equipment to 6 additional ambulances and 2 sitting-case cars was proceeding.

3 new ambulances, which replaced older vehicles, were put into service during 1952. 1 of the old ambulances was disposed of, and the other 2 were retained for Civil Defence training purposes. At the end of the year the total fleet consisted of 18 ambulances and 10 sitting-case vehicles.

The number of patients carried and miles travelled by the Ambulance Service vehicles, including journeys for other Authorities, was as follows :—

*Directly provided service—*

	<i>Journeys</i>	<i>Patients</i>	<i>Miles</i>
Ambulance cases ....	10,617	24,021	162,475
Sitting cases carried in—			
Sitting-case cars ....	3,823	26,504	118,251
Midwives' cars ....	2,568	4,422	27,070
Other cars, etc. ....	26	63	673

The total mileage recorded for the 18 ambulances during 1952 was 171,525. This includes 323 abortive calls (cases where the patient was not moved) involving 1,783 miles, and on other duties, 7,267 miles.

The total mileage for the sitting-case vehicles was 136,469, which includes 244 miles for abortive calls and 17,974 miles on other duties.

By arrangement with the East Riding County Council ambulance services were provided for a certain part of that Authority's area adjacent to the eastern boundary of the city, and general co-operation between the two Ambulance Services was maintained.

The number of patients carried and miles travelled on behalf of the East Riding County Council was as follows :

	<i>Journeys</i>	<i>Patients</i>	<i>Miles</i>
Ambulances :			
Specially defined area ....	17	22	306
Other cases ....	21	24	394
Sitting-case cars :			
Specially defined area ....	—	—	—
Other cases ....	2	3	73

## OTHER TRANSPORT SERVICES

*Midwives' Car Service.* The Midwives' Car Service, provided for the conveyance of midwives to confinements both day and night, and carried gas and air analgesia equipment as required. 4 cars are provided with driving staff operating a 24-hours service.



During 1952, 3,635 calls were made by midwives and the cars travelled 18,069 miles.

On other journeys, including sitting-cases for the Ambulance Service undertaken by these cars for various sections of the Department, 43,126 miles were also travelled.

*Transport of Children to Nurseries.* Two vehicles specially fitted to carry infants under 2 years of age have been in use for some years to transport children to and from a collecting point in the city and one of the nurseries. These vehicles travelled 3,323 miles on these duties during 1952.

*Removal of Bodies to the City Mortuary.* Arrangements were made for the Health Department to take over on the 1st January, 1952, the removal of bodies to the City Mortuary for post-mortem examination, etc. This work previously had been done by a private undertaker. A vehicle was suitably equipped and such removals were effected only on instructions received from the City Coroner. During 1952 the number of bodies transferred from private houses and other places to the City Mortuary numbered 297, involving a total mileage of 1,588.

*Other Vehicles.* The Health Department operated a mobile immunisation unit throughout the year. Two vans were used for the collection of infected bedding, etc., and the subsequent return of such articles after disinfection, whilst three other vans were engaged in general delivery work, including the transport of laundry and other goods to and from hospitals administered by the No. 4 Hull (A) Group Hospital Management Committee. One truck was used for the transport of condemned foodstuffs, etc.

The total mileage covered during the year by all vehicles belonging to the Department, including the ambulances and sitting-case cars, was 445,884.

All vehicles of the ambulance and other transport services were maintained in serviceable condition by the staff employed at the Health Department's Repair and Maintenance Garage, Waterloo Street.

## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Following the process of presenting a simple and co-ordinated picture of the activities of the Health Department, the work performed under this Section of the Act in relation to Mental Health and Tuberculosis has been reported upon in the chapters dealing with those subjects on pages 130 and 189 respectively. Similarly, details in respect of the "Sitters-up" Service have been included in

the report under Section 25 of the Act (Home Nursing—page 115), although such Service has been instituted under the powers conferred by Section 28.

A summary of the applications received in respect of services provided under Section 28, is given in Table XIX, page 125.

*Patients discharged from Hospital.* The almoners attached to the various hospitals in the city notify the Health Department regarding all patients needing special supervision on discharge. Information is sent to the Department prior to the patient returning home so that arrangements may be made for the necessary after-care in the form of home nursing, “sitter-up” or domestic help, convalescent treatment, or such other service as may be recommended by the hospital medical staff or the patient’s own doctor.

*Nursing Requisites.* A scheme for the provision of nursing requisites is in operation. Articles are available on loan for patients who are being confined or nursed at home. A small charge is made for the loan of the articles, but if the applicant is unable to pay the standard amount, the charge is assessed on an income basis.

During 1952, 773 applications were received for the loan of nursing requisites, 6 of which were not granted. This compares with 840 applications during 1951, 7 of which were not granted. The fall in the number of applications received and articles loaned in 1952 as compared with 1951 is accounted for by a tightening-up in arrangements for the loan of bedding for use at confinements; experience showing that some abuse of the service was taking place. Articles for use at a confinement are now issued only at the request of the midwife booked to attend the patient, with the result that the number of applications for this type of case fell from 173 in 1951 to 99 in 1952.

The total of 767 applications granted in 1952 were in respect of the following illnesses:—

Confinement	....	....	....	99	Diabetes	....	....	....	....	34
Cancer	....	....	....	100	Pneumonia, Pleurisy,	....	....	....	....	23
Senility	....	....	....	73	Asthma and Bronchitis	....	....	....	....	27
Stroke	....	....	....	65	Rheumatism, etc.	....	....	....	....	26
Disease of the Heart	....	....	....	63	Mental Deficiency	....	....	....	....	7
Tuberculosis	....	....	....	45	Others	....	....	....	....	160
Fractures, Accidents etc.	....	....	....	45						

The number of articles dealt with was as follows :

				<i>On loan at 31/12/51</i>	<i>Issued during 1952</i>	<i>On loan at 31/12/52</i>
Bedsteads and Cots	....	....	....	25	78	32
Mattresses, Dunlopillo	....	....	....	14	41	10
Mattresses, Hair	....	....	....	25	67	28
Bedding, various items	....	....	....	275	1,025	394
Sheets, waterproof	....	....	....	66	254	78
Air Rings	....	....	....	59	226	55
Backrests	....	....	....	50	167	56
Bedpans, Urinals etc.	....	....	....	113	436	136
Commodes	....	....	....	11	18	10
Dishes, jugs, etc.	....	....	....	6	20	3
Scales (Diabetic)	....	....	....	17	31	11
Wheelchairs	....	....	....	2	18	7
Miscellaneous	....	....	....	47	98	40
				<hr/>	<hr/>	<hr/>
Totals	....	....	....	710	2,479	860
				<hr/>	<hr/>	<hr/>

The number of articles issued in 1951 was 2,616.



TABLE XIX

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 28

APPLICATIONS FOR THE PROVISION OF SERVICES OR THE LOAN OF ARTICLES

SERVICE	No. of Applications Received	TUBERCULOSIS CASES			OTHER CASES			TOTAL	
		GRANTED		*Not Granted	GRANTED		*Not Granted	GRANTED	*NOT GRANTED
		Free	Standard Charge		Free	Standard Charge			
Loan of Nursing Requisites ....	773	18	27	—	82	640	6	767	6
Provision of Extra Nourishment (Milk) ....	91	80	—	11	—	—	—	80	11
Provision of Clothing ....	25	17	—	8	—	—	—	17	8
Maintenance at Convalescent Homes ....	52	—	—	1	2	32	17	34	18

125

\* “ Not Granted ” includes all applications which were cancelled, not approved or withdrawn after approval.

The British Red Cross Society and the St. John Ambulance Brigade also supply medical and nursing comforts to the public, each organisation having its own tariff and loan arrangements.

*Recuperative Holidays and Convalescence.* In an effort to overcome the difficulties which arose in previous years due to the non-availability of suitable accommodation for convalescents during the summer months, two rooms were reserved at a private Guest House at Bridlington in 1952 for the months of May to October inclusive. The proprietress of the Guest House is a qualified nurse and the arrangements made with her worked smoothly and satisfactorily.

During 1952, 24 patients were sent to the private Guest House at Bridlington, 7 to the Foresters' Convalescent Home at Bridlington, 2 to a private Home at Basingstoke and one mother with her child to the Church Army Home at Southport. Of 18 other applications which were received, 3 were not granted because no suitable arrangements could be made, whilst the remainder were cancelled by the patients concerned for various reasons.

The total number of 34 patients who were provided with a recuperative holiday in 1952 compares with a total of 17 in 1951. All applications are assessed on an income basis, and patients are sent on holiday for a period of fourteen days. This period was extended to one month in regard to two patients during 1952.

*Venereal Diseases.* Treatment for cases of venereal disease arising in the city and port area continued to be available at the Mill Street Clinic, which is administered by the No. 4 Hull (A) Group Hospital Management Committee of the Leeds Regional Hospital Board.

The following table has been compiled from the Annual Returns kindly furnished by Dr. R. J. Barlee, Physician in Charge of the Clinic.

The retirement of Dr. R. J. Barlee on the 31st December, 1952 has been announced, and his duties will be taken over by Dr. C. F. Heywood (former Consultant Venereologist in the Bradford area, Yorkshire) on 1st January, 1953.

NUMBER OF PATIENTS ATTENDING THE MILL STREET CLINIC  
FOR THE FIRST TIME DURING 1952

	Syphilis		Gonorrhoea		Other Conditions		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
Syphilis—Primary ....	17	7	—	—	—	—	17	7
—Secondary ....	1	2	—	—	—	—	1	2
—Latent in 1st year of infection ....	7	6	—	—	—	—	7	6
—Cardio-Vascular ....	—	—	—	—	—	—	—	—
—Of Nervous System ....	3	—	—	—	—	—	3	—
—All other late or latent stages ....	21	15	—	—	—	—	21	15
—Congenital ....	5	3	—	—	—	—	5	3
Gonorrhoea ....	—	—	305	47	—	—	305	47
Chancroid ....	—	—	—	—	75	2	75	2
Non-Gonococcal Urethritis ....	—	—	—	—	144	—	144	—
Other conditions requiring treatment	—	—	—	—	313	33	313	33
Conditions not requiring treatment ....	—	—	—	—	360	58	360	58
Totals ....	54	33	305	47	892	93	1,251	173

The V.D. plaques displayed in various properties in the city continued to be supplied and maintained by the Local Health Authority.

*Health Education and Publicity.* Throughout the year the medical staff of the Department gave talks and lectures to various organisations in the city, whilst the technical officers undertook lecture duties at the University and Training Colleges and the Evening Institutes. The Health Visitors continued their work of assisting mothers by individual and group teaching in mothercraft.

Two booklets published by the Health Committee entitled “ Your Health Services ” and “ The Welfare of your Child ”, respectively, continued to be distributed at clinics and by Health Visitors and other members of the staff.

The portable “ Health News ” exhibition stand was again used for exhibiting the various topics provided by the Central Council for Health Education, and for distributing literature on health education.

During the year a total of five film strips dealing with various subjects appertaining to Maternity and Child Welfare were presented to the Department ; three by Messrs. Reckitt & Colman, Limited (a local firm) ; and two by Messrs. Johnson & Johnson (Gt. Britain) Limited, Slough, Bucks. The films are being used in connection with staff training and for health education purposes.



A "Homes and Gardens Exhibition" organised by the Hull Corporation Development Committee was held in the City Hall from 17th-24th May. The Health Department participated in the Exhibition by providing a display entitled "Vaccination and Immunisation".

## SECTION 29---DOMESTIC HELP

A Home Help scheme for maternity cases has been operating successfully in the city since 1927. The scope of the scheme was widened in 1948 in order to provide assistance for the households specified in Section 29 of the National Health Service Act, 1946.

During 1952 many requests for the services of a Home Help continued to be received from old and infirm persons living alone and having no family to care for them. In the majority of cases it was found that help for two or three half days per week was sufficient to meet their needs. Help was also provided in homes where young children were left with no one to care for them, by reason of their mothers having been admitted to hospital. Many hospital beds and "short-stay" places in Children's Homes were saved as a result of the work of the Home Help Service.

The Home Help Organiser visited the homes of all persons whose applications were made on the grounds of sickness, and assessed the need in each case. All reasonable demands on the service were met. Cases receiving help over prolonged periods were reviewed by the Committee every three months.

At the end of the year 149 Home Helps were employed, 13 on full-time service and 136 on a casual basis.

During the year 215 maternity cases were attended for a total of 2,353 days and 724 other cases for the equivalent of 17,458 days. Included amongst the latter cases were :

[illegible]

## SECTION 51—MENTAL HEALTH SERVICE

The following report has been contributed by Dr. J. Mackay, Psychiatrist.

## (I) ADMINISTRATION

(a) *Constitution of Mental Health Sub-Committee.* The Mental Health Service is administered by the Mental Health Sub-Committee of the Health Committee. The Sub-Committee comprises eight members, and the Medical Officer of Health and the Psychiatrist attend meetings in an advisory capacity. Meetings are held each month during the week preceding the meeting of the Health Committee.

(b) *Staff.* At the end of the year the Mental Health Staff, working under the direction of the Medical Officer of Health, consisted of :—

<i>No.</i>	<i>Appointment</i>	<i>Name</i>	<i>Qualifications</i>
1	Psychiatrist	Dr. J. Mackay	M.D., D.P.M.
3	Duly Authorised Officers	Mr. C. H. Taylor	Relieving Officers' Certificate
		Mr. W. Forward	—
		Mr. A. C. Willby	Certificate of R.M.P.A., R.M.N.
3	Mental Deficiency Officers	Mr. F. Branton	Certificate of R.M.P.A., R.M.N.
		Mr. E. Elliott	Certificate of R.M.P.A., R.M.N.
		Mrs. A. Townhill	—
2	Social Workers	Mrs. F. Pocklington	Certificate of R.M.P.A., R.M.N.
		Mrs. E. McCreadie	Certificate of R.M.P.A., R.M.N.
1	Assistant Mental Deficiency Officer and Clerk	Mrs. Z. P. Wright	—
1	Receptionist Clerk	Mrs. E. Townhill	—
5	Occupation Centre Supervisors	Miss G. A. Wheelband	Diploma of National Association of Mental Health
		Miss M. Clarkson	—
		Mrs. I. Beacher	—
		Mrs. I. Branton	—
		Miss E. Leavis	—

Miss E. Paterson, Occupation Centre Supervisor, left the service on 31st March, 1952, to take up a similar appointment with the Grimsby Borough Council.

Mrs. Z. P. Wright, Assistant Mental Deficiency Officer and Clerk, left the service on 31st December, 1952, to take up domestic duties.

Staff monthly meetings under the Chairmanship of the Psychiatrist provided opportunities for discussing current developments in the field of Mental Health.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.* The services of the Psychiatrist continues to be available to the Leeds Regional Hospital Board on three days per week by arrangement with the Local

Health Authority. He attends the Kingston General Hospital, Kingston upon Hull, as Consultant, and holds one in-patient and two out-patient sessions each week.

The Social Workers of the department, who have access to the hospital wards, make domiciliary visits and also provide after-care in respect of patients discharged from these wards.

The Mental Hospitals supervise their own patients who are out on trial, but the Mental Health Service continued to exercise supervision over licence patients from institutions outside the area of the Hull (B) Group. Voluntary supervision offered to discharged patients residing in the area of the Local Health Authority was usually accepted by them.

The Psychiatrist is a member of the Psychiatric Technical Advisory Committee of the Leeds Regional Hospital Board.

(d) *Duties delegated to Voluntary Associations.* No duty in connection with the Mental Health Service is delegated to a Voluntary Organisation.

(e) *Training of Mental Health Workers.* No scheme for the training of staff was undertaken during the year.

## (II) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Section 28, National Health Service Act, 1946 ; Prevention, Care and After-Care.* During the year there was an increase in both the number of new cases reported to the Department and the number of visits made by the staff. Whilst the increase in the number of new cases is attributable mainly to applications received from general practitioners in respect of their patients, there was also a marked increase in the number of requests for after-care received from patients discharged from De la Pole Hospital.

The Mental Health Service co-operated with the various departments of the Local Authority and with other organisations in the City, to the benefit of all concerned.

Officers of the Mental Health Service were called upon to attend the Law Courts on several occasions for the purpose of giving the Court some assistance when dealing with cases involving mentally handicapped persons.

Despite the help given by some employers, the finding of suitable employment for patients remained most difficult.



The number of personal applications for assistance received at the Offices of the Mental Health Service increased considerably.

The Psychiatrist gave five lectures to Student Health Visitors at the Hull University College, and a number of lectures on the Mental Health Service were given by members of the staff to local organisations.

Two Social Science Students visited the Mental Health Service, 76 Lowgate, as observers and were interested in its various activities.

A parcel of clothing and toys was received at Christmas from a donor residing in Margate. The gifts were distributed by the Social Workers among suitable after-care patients and their children.

The following statistics relate to the work of the Social Workers for the year ended 31st December, 1952 :—

VISITING					
Neurosis Cases	....	....	....	....	804
Miscellaneous Cases	....	....	....	....	489
After-care Cases	....	....	....	....	198
Ex-Service Personnel :					
After-care Cases	....	....	....	....	2
					<hr/>
	Total	....	....		1,493
					<hr/>
New Cases notified	....	....	....	....	196

These figures include notifications for after-care with regard to patients taking up residence in this City after discharge from Mental Hospitals other than the De la Pole Hospital.

(b) *Lunacy and Mental Treatment Acts, 1890-1930.* A review of the statistics showed a marked increase in the number of female voluntary patients admitted to the De la Pole Hospital. When seeking the cause of such an increase consideration must be given to the following : (1) evidence that the general public is becoming more enlightened with regard to mental illness ; (11) the number of patients re-admitted—frequently a voluntary patient gives notice of discharge against advice and leaves the hospital, but within a few weeks or sometimes days, the patient is requesting re-admission. There is very little change in the number of persons dealt with under Section 20. Notices regarding patient's property increased in number but there was a decline in the number of cases visited where no action was taken. The pressure on the Mental Observation Wards at the Western General Hospital continued. The Duly Authorised Officers had to seek accommodation for a number of Section 20 cases at the De la Pole Hospital which is designated for

this purpose. The police who no longer deal with attempted suicide cases under the Lunacy Acts, now call upon the Duly Authorised Officers to decide upon the mental condition in such instances.

Overcrowding in Mental Hospitals was a matter under constant discussion but as yet there is little improvement to report. To alleviate pressure where it has been greatest, the transfer of patients from one hospital to another has been effected.

Although more hostel accommodation was provided during the past year for the aged, there are still a great many of them living alone. The Duly Authorised Officers were often called upon by relatives and general practitioners to remove old people to hospitals under the provision of Section 20, when other methods of dealing with their problems had failed. Many of these aged people living alone eventually become a danger to themselves. In numerous cases reported and statements made about the patients, however, the information was not based on fact, and to have taken action under Section 20 would have been to abuse the provisions of the Act.

The following statistics relate to the work of the Duly Authorised Officers for the year ended 31st December, 1952 :—

**TABLE XX**  
**Duly Authorised Officers' Report**

					Males	Females	Total
<i>Lunacy Act, 1890, Section 20.</i>							
Admitted to Western General Hospital ....	....	....	....	....	189	218	407
Admitted to De la Pole Hospital .....	....	....	....	....	—	6	6
					—	—	—
					189	224	413
					—	—	—
<i>Lunacy Act, 1890, Section 21.</i>							
Admitted to Western General Hospital ....	....	....	....	....	—	2	2
Admitted to De la Pole Hospital .....	....	....	....	....	1	—	1
					—	—	—
					1	2	3
					—	—	—
Removed to De la Pole Hospital from Western General Hospital, Kingston General Hospital, Hull Royal Infirmary (Sutton Annexe), Tilworth Grange, Rawcliffe Hall, Goole, and from the Law Courts :—							
Certified ....	....	....	....	....	47	52	99
Temporary .....	....	....	....	....	1	8	9
From home address—Certified ....	....	....	....	....	—	12	12
Temporary .....	....	....	....	....	—	2	2
					—	—	—
					48	74	122

Voluntary cases admitted to De la Pole Hospital ....	....	....	....	....	183	269	452
Cases transferred to De la Pole Hospital from other Mental Hospitals :—							
Certified ....	....	....	....	....	5	7	12
Temporary ....	....	....	....	....	1	—	1
Voluntary ....	....	....	....	....	4	6	10
					—	—	—
					10	13	23
					—	—	—
Voluntary and other cases in which advice and assistance were given ....							420
Visits to homes where no action was taken ....	....	....	....	....			224
Visits by Justices of the Peace to :—							
Western General Hospital ....	....	....	....	....	....	132	
De la Pole Hospital ....	....	....	....	....	....	6	
Hull Royal Infirmary (Sutton Annexe) ....	....	....	....	....	....	3	
Kingston General Hospital ....	....	....	....	....	....	3	
Tilworth Grange Institution ....	....	....	....	....	....	1	
Homes ....	....	....	....	....	....	18	
						—	163
Property notices to Welfare Services under Section 48, National Assis-							
tance Act, 1948 ....	....	....	....	....	....		676
After-care visits made by Duly Authorised Officers ....	....	....	....	....			86

*Mental Deficiency Acts, 1913-1938.*

(i) Ascertainment continued to be the responsibility of the Medical Officers of the School Health Service. Each case was notified to the Education Authority who in turn acquainted the Local Health Authority. One case was dealt with as a mental defective following the Psychiatrist's report to the Director of Social Welfare Services.

The following statistics relate to the work of the Mental Deficiency Officers for the year ended 31st December, 1952 :—

TABLE XXI.

## MENTAL DEFICIENCY OFFICERS' REPORT, 1952.

<i>Mental Deficiency Acts, 1913-1938</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Ascertained during 1952	....	....	....	....	24	25	49
Placed under Certificate	....	....	....	....	9	10	19
Awaiting vacancies in Institutions			....	....	12	29	41
Cases under Guardianship	....	....	....	....	—	2	2
Cases under Supervision	....	....	....	....	219	287	506
Cases in day-training Centres		....	....	....	32	43	75



(ii) *Guardianship and Supervision*. During the year, 2,242 visits were made to homes of Statutory Supervision cases, an increase of 315 visits compared with the year 1951.

A pleasing feature of our welfare activities was the success attained in placing 46 feeble-minded persons in employment during the year.

An Officer of the Service accompanied 45 mentally handicapped children on visits for hospital and dental treatment.

80 visits to local shops were made by Officers for the purpose of assisting girls under Statutory Supervision in the purchase of suitable personal clothing requirements.

In connection with reports on the home circumstances of Certified Patients re-examined by the Justices, 107 visits were made to the homes of the respective patients.

For the second year in succession, four girls under Statutory Supervision enjoyed a holiday for one week at Scarborough. They were accompanied by an Officer who kindly arranged a week of her holidays for the purpose of acting as chaperone to the girls.

During the year the Mental Deficiency Officers attended the Courts on seven occasions to give evidence regarding the past history of accused persons.

Four defectives were examined for placement on the Disabled Register for employment.

Forms were completed and forwarded to the Military Service Section of the Ministry of Labour in respect of nine defectives who were thereby excluded from Military Service.

Three Supervision cases were removed to Tilworth Grange Institution as a "Place of Safety".

Two reports were cancelled under the Education (Miscellaneous Provisions) Act, 1948.

Through the kind co-operation of the Officers of the National Assistance Board and the Women's Voluntary Service, 54 patients in community care were supplied with footwear and clothing.

The sum of £2 was provided from the Tilworth Grange Gala Fund for the purpose of assisting an aged widow to accompany her mentally defective son on holiday leave.

A sum of £23 was allocated by the Mental Health Sub-Committee as a Christmas Grant. Again this was augmented by generous gifts of fruit from several fruit merchants in the City, whose kindness enabled each child under Statutory Supervision to receive a suitable gift plus a liberal amount of choice fruit.

(iii) *Provision of Occupation and Training for Defectives.* The number of children on the register at the Occupation Centre increased during the year from 67 to 75. The average attendance varied from 59 to 71. There were 15 admissions including one re-admission. Two children were withdrawn at their parents' request, 3 were placed under Certificate for residential care, one died and one went to live beyond the reach of transport. Twelve children received free meals.

Two medical inspections were carried out during the year, one in March and the second in October.

The Open Day was held in St. Matthew's Church Hall in February, when the majority of the parents attended and the children entertained.

There was also a display of handwork most of which was sold to parents and others who attended.

In October the girls in the Senior Group began a weekly cookery class. The boys in this group have since been included and considerable aptitude has been shown by most of those taking part. The lessons proved to be a medium for teaching hygiene.

There was one change in Supervisor personnel during the year in consequence of promotion to another post.

The arrangements for the daily collection and transportation of children by private bus to the Occupation Centre, and their return to the collection-points all over the City after the closing of the Centre continued as in 1951.

Dr. John Ivison Russell a Commissioner of the Board of Control visited the Centre on the 13th October.

Observers during the year included parents, students from the University College and the Municipal Training College and Student Health Visitors.

A Parents' Association was formed during the year. Several meetings were held and the Lady Mayoress accompanied by the Chairman paid a visit to the Centre and had an opportunity of discussing problems with representatives of the newly-formed organisation.

Miss Wheelband, the Supervisor at the Occupation Centre, visited Holland for a tour of Mental Hospitals and Institutions. The arrangements were made by the Mental Health Workers' Association.

Toys and other gifts presented by the Mental Health Sub-Committee, British Road Services and several members of the public, were distributed to the children at Christmas.

#### AMBULANCE SERVICE

Ambulances and other vehicles for mental health work continued to be provided from the Central Garage of the Local Authority.

The Chief Ambulance Officer and his personnel gave valuable assistance by maintaining a smooth and efficient service.



# SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

## GENERAL ADMINISTRATION

The City Council has appointed the Health Committee to carry out the powers and duties of the Council as Local Health Authority under the National Health Service Acts. Four Sub-Committees of the Health Committee deal with the various Section of the work, viz.:—

- (a) The General Services Sub-Committee.
- (b) Maternity and Child Welfare Sub-Committee.
- (c) Care Sub-Committee.
- (d) Mental Health Sub-Committee.

The administration is centred under the Medical Officer of Health, whose senior staff consists of a whole-time Deputy Medical Officer of Health ; a Senior Medical Officer for matters concerned with Care of Mothers and Children (Section 22), Midwifery (Section 23), Health Visiting (Section 24), Home Nursing (Section 25), and Domestic Help (Section 29) ; and a Psychiatrist for the Mental Health Services (Section 51). The remaining services, viz., Health Centres (Section 21), Vaccination and Immunisation (Section 26), Ambulance Services (Section 27), and Prevention of Illness—Care and After-care (Section 28), are dealt with principally by the Medical Officer of Health and his Deputy. The closest contact is, of course, maintained with the School Health Service as the Medical Officer of Health is also School Medical Officer. The Welfare Services and the Children's Care are respectively controlled by the Welfare Services Committee and the Children's Committee under the City Council, and the Health Committee collaborates to the fullest extent with the two Committees mentioned. The Medical Officer of Health is also the Port Medical Officer of Health for the Hull and Goole Port Health Authority.

*Co-ordination and co-operation with other parts of the National Health Service.* There is effective co-ordination over the general field of mutual interests. The Health Committee has appointed members to a liaison Committee set up by the Leeds Regional Hospital Board of members of local authorities in the area to meet at intervals for discussion of appropriate matters. The Medical Officer of Health attends monthly meetings convened by the Leeds Regional Hospital Board of

Medical Officers of Health from the Regional Board's area for purposes of liaison and discussion of matters affecting both bodies. Members of the Health Committee and the Medical Officer of Health are also appointed to the Local Executive Council, and thereby maintain constant touch with problems affecting General Practitioners. In the following pages details are given of the methods of co-operation by Health Visitors with the Hospital Almoners Service, with general practitioners and with voluntary associations, by Midwives with the General Practitioner Service, and in other ways.

The Medical Officer of Health is also a member of one of the local Hospital Management Committees.

Further details of the arrangements in operation for the co-ordination and co-operation with other parts of the National Health Service are as follows.

Steps taken to inform the public regarding health matters and the facilities available to them through the various services provided by the Local Health Authority.

During the past four years the Department has continued to extend its activities in the field of Health Education.

*Lectures and Talks.* The Medical Staff of the Department give lectures and talks to various organisations in the City ; also lecture duties at the University College, Training College and Evening Institutes by members of the staff are regular features of the Department's activities.

Health Visitors in the course of their duties assist mothers by individual or group teaching of mothercraft.

Projector apparatus is available in the Department for use in this connection, also for the purpose of staff training.

*General Publicity and Health Propaganda undertaken in the Community.* For the information of the public, the Department prepared a booklet entitled " Your Health Services ". The booklet explains in simple form the functions of the Executive Council, the Regional Hospital Board and the Local Health Authority. It was first produced in 1948 and distributed to all the Department's clinics and other points of the City. Circulation continues through the medium of the Health Visitors and other members of the staff and on all occasions when exhibitions are held.



Another small handbook emphasises importance of protective measures against smallpox and diphtheria by vaccination and immunisation. This handbook also is in general circulation.

Copies of these booklets are attached.

Copies of the monthly journal " Better Health " are made available to the public, free of charge, and for distribution to the public libraries, the Authority's clinics, waiting rooms, etc. As the result of inter-departmental co-operation, information regarding the Local Authority's health services is inserted in the handbooks issued to tenants of Corporation dwellinghouses. A list of duties undertaken in the Department, alphabetically arranged for easy reference, is available at the Information Bureau of the Central Library for the information of the general public.

The Department has participated in three large scale exhibitions held in the City during the past two years. On two occasions the theme of the Department's exhibit was " Vaccination and Immunisation ", and on the remaining occasion the subject was " Accidents in the Home ". The attendances at these exhibitions were very good and provided excellent opportunities for publicising the activities of the Health Department and for the distribution of health propaganda material. The Department's exhibits were staffed by members of the Department who gave verbal information and advice to visitors.

Early in 1951 the Central Council for Health Education sent a team of lecturers to Hull. The programme included a two-day course on " The Principles and Media of Health Education ". This was attended by officials and nursing staff of the Department who found the course interesting and informative. In addition, a public meeting was arranged for a lecture on " Parents' Problems ". A comfortable hall, centrally situated, was obtained by kind permission of the Yorkshire Electricity Board, for the meeting. In publicising the meeting, handbills were sent to the Children's Department for distribution amongst foster-parents and to the Education Department for Headmasters and Headmistresses to give to school-children for their parents. Despite the inclement weather prevailing at the time the attendance, mainly adults, was satisfactory.

On one occasion the Department co-operated with a local cinema manager who had arranged for a health educational film on Venereal Disease to be shown at his cinema. Members of the Department's staff attended the cinema during the evening performances for one week, giving advice and information on request. Appropriate leaflets on sex education, etc., supplied by the Department, were distributed as required by the Department's staff. There was a brisk demand for the leaflets.



A "Clean Food" campaign was arranged in collaboration with the Central Office of Information who supplied appropriate films and projector equipment. The campaign extended over several weeks when lectures and talks were given to canteen staffs, food distributors and other organisations whose staffs were occupied in the handling of food for the community.

As part of its Festival of Britain activities, the Department arranged an exhibition in the form of a series of window displays, an entirely new exhibit being produced each week for a period of sixteen weeks. By kind permission of the Yorkshire Electricity Board, a large window space in the Board's showrooms situated in the centre of the City was placed at the disposal of the Department. During the period of the exhibition, which commenced in April and ended in August, 1951, all the important services provided by the Local Health Authority were portrayed by exhibits consisting of models, graphs, photographs and posters, arranged by members of the staffs of the department. The exhibits included Health Visiting, Midwifery, Home Nursing, School Health Services, Care and After-care, Vaccination and Immunisation, and the Mental Health Services. In addition, there were exhibits featuring the work of the Local Authority's Sanitary Department entitled "Rats, Mice and Insect Pests", "Smoke Abatement", "Food Inspection", and "Housing". The Hull and Goole Port Health Authority also provided a display on the duties of its Medical and Inspectorial Staff and the methods used to prevent the importation of disease from incoming vessels and seamen, and from imported food.

The portable stand supplied by the Central Council for Health Education as part of its services, continues in regular use and provides opportunities for the distribution of literature on health matters. The Stand is displayed at the Central Municipal Offices, at the four main clinics of the Department and at other suitable points in the city.

Information regarding facilities available in the City for the treatment of venereal disease is made known to the public by special plaques exhibited in public lavatories, on the docks, and at the Railway termini, etc.

## SECTION 21—HEALTH CENTRES

The Local Health Authority has not yet established a Health Centre, although in August, 1949, the Local Health Authority submitted proposals to establish Health Centres at three premises in the City belonging to the Hull and Sculcoates Dispensary Board and which the Board desire to transfer to the Local Health Authority for health services. No progress has been made under these proposals because of the legal difficulties arising in the transfer of the properties.

In respect of a large new housing estate known as the Bilton Grange Estate on the eastern edge of the City, plans are now being prepared for the erection of a Health Centre with accommodation for general practitioners surgeries, together with local authority health services.

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

### VOLUNTARY ORGANISATIONS

*York Diocesan Maternity Hostel.* This is controlled by a voluntary Committee and is housed at Sutton House, which premises are the property of the Local Authority and for which the Voluntary Committee pay a rental. The Local Authority give an annual grant to the Voluntary Committee. Weekly payments are sometimes made by the Children's Department for individual girls who are admitted to the Hostel after being committed to the care of the Local Authority from the Juvenile Court.

The Hostel has accommodation for twenty mothers and babies. The girls are admitted to the Hostel about two months before the expected date of confinement, and are local and non-local girls. They are transferred to the Maternity Hospital, Hedon Road, for the confinement and return to the Hostel on or after the 10th day of the puerperium. They remain in the Hostel about three months after the confinement.

The girls are taught mothercraft, needlework, cookery and housecraft.

The Superintendent of the Hostel arranges for the placing of the babies before the mothers' discharge. Some babies are adopted, a few fostered, some girls return to their own homes with their babies, whilst others are found posts where they can have their babies with them. After-care of the girls is carried out mainly by the Superintendent of the Hostel.

The Hostel is registered as a Maternity Home by the Local Authority under the Public Health Act, 1936.

The co-operation between the Hostel Committee and the Local Authority is excellent and most helpful to the latter in the care of the unmarried mother and her baby.

*Sheltering Home for Girls.* This is a residential shelter for girls of all ages. The staff of the Home co-operates with the Local Authority in several aspects concerning the moral care of girls.



A grant is paid annually by the Local Health Authority to the Committee of the Home for work done by their staff under Circular 2866. The Superintendent is notified of all unmarried expectant mothers known to the Health Department and arrangements are made for her to follow-up each case and give the necessary help and advice. The Superintendents of this Home and of the York Diocesan Hostel co-operate in this work.

The Sheltering Home is at present also operating temporarily as a Remand Home for girls owing to the absence at present of such accommodation in the area.

Good work is done by this organisation but if more staff were available this work could be extended with much benefit to the work among unmarried mothers and their children.

*Committee of the Yorkshire Convalescent Homes for Mothers and Babies.* The Withernsea and Harrogate Homes have been closed owing to almost complete absence of demand.

The Harrogate Home was rented and has been disbanded.

The Withernsea Home, which is the property of the Voluntary Committee, is at present being used as a Maternity Hospital for the Withernsea area by the Hull " B " Group Hospital Management Committee.

It is unlikely this Convalescent Home will be re-used for its original purpose unless more demand is made for this service.

No grant is now made by the Local Authority to this organisation.

*Hull Braves' Guild* (for Orthopaedic cases). A close co-operation exists between the Guild and the Maternity and Child Welfare Department. The Guild Almoner attends the Hospital Orthopaedic Clinics and follows up all cases where any apparatus is recommended for a young child. Social contact by the Guild is kept with every crippled child under five years of age.

A grant is paid annually by the Local Authority to the Guild for this service.

*Hull Jubilee District Nursing Association.* Since the operation of the National Health Service Act and up to the present time, this Association has acted as Agent for the Local Authority in carrying out the Home Nursing Service in the City. The work has been done efficiently and to the satisfaction of the Authority.



It is expected the Home Nursing Service will be taken over as a direct Local Authority Service in the next few months.

*National Society for the Prevention of Cruelty to Children.* The co-operation with this Society is of the happiest, each giving all possible help to the other in a mutual effort to smooth the home difficulties which are usually at the root of cases coming under the notice of the Society.

*Care of Expectant and Nursing Mothers and Children under School Age. Expectant and Nursing Mothers.* The care of expectant mothers is provided at six ante-natal clinics at which thirteen sessions are held weekly. This does not include two further sessions held in one of the Local Authority Clinics for patients who are booked for the Maternity Hospital, and who are cared for at these sessions by the medical and nursing staffs of the hospital.

At three of the weekly sessions the midwives and pupil midwives of the Part II Midwifery Training School with one of the Assistant Medical Officers carries out the care of the expectant mothers in the areas allotted for training.

The other ante-natal sessions are conducted by the five Assistant Medical Officers and the domiciliary midwives in the area in which the clinics are held.

Routine ante-natal care is given at all clinic sessions, including the examination of the blood of each expectant mother for Wasserman Re-action and the Rhesus Factor.

The attendances of expectant mothers at the ante-natal clinics continues on approximately the same scale as before 1948. In 1947 the number of expectant mothers in the ante-natal clinics was approximately 63%, in 1948 it was 68% and in 1952 again 68%. The total number of attendances has fallen, which is accounted for by the fall in the number of births from 7,765 in 1947 to approximately 5,700 in 1952.

A special clinic session is held each week for the examination of Rhesus Factor in the blood of husbands whose wives' bloods are Rh. negative.

The medical staff at routine ante-natal clinics are the full-time assistant medical officers plus one part-time general practitioner who holds the M.R.C.O.G. and who works in the Local Authority Clinics. No other general practitioner works in the ante-natal clinics.

No clinics are held in the premises of general practitioners. Where the ante-natal clinics are not carried out in premises owned by the Local Authority they are held in Church Halls rented by the Authority for the purpose on a sessional basis.

Poste-natal care of patients is carried out at the ante-natal clinics. The numbers are not great but this is largely due to the practitioner booked for the case being under an obligation to carry out this examination.

A Consultant Obstetrician attends at each of the two hospital ante-natal clinics, all cases referred from the Local Authority ante-natal clinics and by private practitioners are seen. Reports are received on the cases by the doctor referring them and if hospital admission is recommended, this information is also sent to the Maternity and Child Welfare Department for the information of the midwife if she has been unable to attend the specialist clinic owing to other duties.

Mothercraft teaching is given by selected Health Visitors at the ante-natal clinics weekly with one talk monthly by a midwife at each clinic on the use of analgesia in labour.

Two Health Visitors each lecture once weekly on Mothercraft at the continuation school of one of the factories in the City. Here is the best material for this teaching for the girls are 17½-18 years, and very keen to attend the course.

Approach has been made to another factory employing a large number of girls in an attempt to introduce similar courses but without success. This factory does not have continuation schools and the girls are said to be too busy to be spared during working hours and they are not willing to attend in the evening. Efforts are to be made at another factory in the near future.

Maternity Outfits are available free to all expectant mothers. A completed form is given by the midwife to the applicant and she then calls at, or sends to the Local Authority store when she is six weeks from the expected date of confinement and is supplied with the outfit.

The care of the unmarried mother is carried out by the Superintendents of the Sheltering Home for Girls and by the Diocesan Maternity Hostel. The Superintendents arrange for the home or hostel accommodation of the girls and for the booking of a domiciliary midwife or a hospital bed, the voluntary and local authority's staffs working in co-operation.

Advice on contraception continues to be given at the Gynaecological Clinic to cases coming in the category of Circular 1208. This service has increased since 1947, when 58 new cases and 127 old cases were seen, to 75 new cases and 449 old ones in 1952.

Dental care of expectant and nursing mothers continues to be carried out under the Health Department's interavailability scheme by the School Health Dental



Service as before 1948, except no charge is made to the patient for the service. The shortage of dental officers causes considerable delay in the carrying out of the work. Though efforts have been made and are continuing to be made to obtain part-time help from private dentists on a sessional basis an acceptable arrangement has not yet been made.

In 1947 dental treatment was given to 485 mothers, in 1948 there were 526, whilst in 1952 the numbers dropped to 200.

The demand for admission to hospital for confinement still exceeds the accommodation available. All cases requiring admission on medical grounds are accepted ; all other cases are investigated by the midwife and/or health visitor and priority for acceptance is on social grounds. The fall in the number of births is naturally reducing the number of rejections. Home confinement still continues to be very popular among those with adequate housing accommodation.

A weekly session is held at the Central ante-natal clinic for the treatment of ante-natal and post-natal patients suffering from vaginal discharge, whether due to gonorrhoea or not, or from syphilis. This is of great value as women who would not attend a venereal diseases clinic are prepared to attend here.

*Child Welfare.* Regular visits in their homes to children under five years of age are made by the Health Visitors. Where a home is well cared for by an intelligent mother, fewer visits are made which gives the Health Visitor more time for her many duties.

Twenty-six infant welfare clinic sessions are held weekly. Of these twenty-three are medical, conducted by five full-time and two part-time medical officers, and three are conducted by health visitors. At each centre an immunisation and vaccination session is held once monthly instead of a routine infant welfare session. These sessions are felt to be of great value in increasing the numbers of children vaccinated and immunised.

The scheme of interavailability with the School Health Service continues for the treating of minor ailments, squints, rheumatic and heart and orthopaedic conditions, and for dental treatment.

Co-operation with the general practitioner is sought when the clinic medical officer considers a child needs specialist advice, other than under the inter-availability scheme, in order to ensure the child obtains the necessary care.

The artificial sunlight clinics are continuing with great benefit to the children including school children referred by the School Health Service.



Applications for, and provision of, fireguards on easy payment terms have increased from 398 in 1949 to 415 in 1952, in spite of the fall in the number of births. It is felt this confirms the wisdom of operating such a scheme.

Speech therapy is carried out at the Victoria Children's Hospital. Much more use could be made of this service if more staff were available.

The hope that the "Westerland" Infants Hospital might remain a Local Authority service did not mature. This Hospital passed to the Hull (A) Group Hospital Management Committee. The numerous difficulties met with in arranging admissions of children seen at the infant welfare clinics resulted in very few admissions. After many attempts on the part of this Authority to make some easier access a new arrangement was agreed by the Regional Hospital Board from the beginning of 1953. It is too early to give any views on the working of the new scheme.

Agreement has not yet been reached between the "A" Group Hospital Management Committee and the Local Health Authority on the exchange of part-time services of the medical staffs of the Children's and Maternity Hospitals and the clinic Medical Officers. At a meeting of the Local Liaison Committee held very recently it was decided to have regular meetings on alternate months. It is hoped that mutually satisfactory arrangements between the hospitals and the Health Department may be reached.

No general practitioner works in any of the child welfare clinics, but three non-practising private doctors assist in the clinics on sessional terms. The relation between the Department and the general practitioners is certainly closer since 1948.

Formal talks are not given in the infant welfare clinics. It is felt the mothers benefit far more from the individual talks by the Health Visitors to the mothers in the homes and at the infant welfare centres.

Two Day Nurseries with accommodation for ninety children are providing care for children under three years of age whose mothers are in the priority classes. One of the nurseries operates as a twenty-four hour nursery and six children can be kept there from Monday morning to Saturday afternoon, during a mother's confinement in hospital or on account of other circumstances. There has been no change in the working of the nurseries except that the moving to smaller premises of one due to pressure from the owner to return to his house resulted in a fall of seventeen places in the accommodation.

*Care of Premature Babies.* The number of premature births and the mortality rate among babies has for some considerable time caused great anxiety to the Department. All babies under  $3\frac{1}{2}$  lbs. in weight born at home and many others are transferred to the Premature Unit at the Maternity Hospital under good transport facilities.

Special cots, bedding, clothing, etc., are provided for the care of the premature baby kept at home. It is proposed to appoint a special premature baby nurse to carry out the home care of the bigger premature babies.

In an effort to find a cause for the high evidence of prematurity in the City, a detailed investigation into each case of premature birth occurring at home is being undertaken for the next two years.

*Supply of Dried Milk, etc.* A depot for the distribution of welfare foods available under the Government Scheme is held at each Infant Welfare session, and National Dried Milk, cod liver oil, orange juice and vitamin tablets are distributed by part-time assistants appointed for the purpose.

It is found that by careful prescribing of strengths of National Dried Milk this milk is almost universally satisfactory.

The following nutritives are available in each infant welfare clinic on the recommendation of the medical officer:—Virol, Malt Extract, Malt and Iron, Cod Liver Oil Emulsion and medicinal paraffin. These nutritives are paid for, or are free, on an assessment basis.

*Dental Care.* Under the section dealing with expectant and nursing mothers, the provision of their dental care has already been reviewed. Dental extractions for expectant and nursing mothers are carried out by the school dental staff. The dentures are supplied by a panel of private dentists who have made arrangements with the Local Authority. When this work is completed the mother returns to the school dental clinic for inspection of the denture.

The dental care of young children is carried out in the same way under the interavailability scheme. In 1947, there were ninety-three new cases dealt with, in 1948 there were 149 and in 1952 there were 517. In spite of the very great shortage of school dentists it has been possible to deal with considerably more children than were dealt with before 1948. No orthodontic work is being carried out owing to lack of staff. This further emphasises the need for renewed efforts to increase the availability of full-time or part-time dental staff.



## SECTION 23—MIDWIFERY

Expectant mothers who are not booked for the Maternity Hospital on medical grounds usually attend the ante-natal clinic in the area in which they reside. Some prefer to book the midwife at her home. The domiciliary service is worked in groups of five midwives, four of whom book cases and the other is the relief for the group. The mothers book the midwife of their choice residing in the area unless she already has her full number of cases, when the Superintendent Midwife, after discussion with the patient, allots another midwife.

There is one medical supervisor of midwives and three non-medical supervisors having the care of the three areas of the city. The non-medical supervisors attend the ante-natal clinics in their area, arrange bookings when necessary and generally supervise the work in the clinics. They pass on to a midwife who has been unable to attend the ante-natal clinic, information of any of her patients who have attended.

When an expectant mother books her midwife and has not already booked her practitioner obstetrician, she is urged to do this and to notify the midwife which doctor she has booked. The midwife and practitioner keep in close touch with each other. This is particularly important when the expectant mother is receiving most of her ante-natal care at a clinic. Some practitioners have an ante-natal clinic at the surgery and the midwife attends there with her patients if the practitioner wishes this.

When an expectant mother has booked a midwife a routine visit is made to the home and advice given on choice of room and preparation for the confinement. Other visits are made during the ante-natal period. This routine is also carried out where an expectant mother applies for admission to the Maternity Hospital. Domiciliary care is given until a decision on the hospital booking is made.

The central area of the City receives its domiciliary midwifery care from the eight midwives and twelve pupil midwives in the Part II Midwifery Training School. The pupils have the whole six months training on the district. Two of the ante-natal clinics are allotted to expectant mothers who have booked the midwives in the School. The doctors in the area who are booked by these mothers co-operate well in the Training Scheme. They are agreeable for the mothers to attend the clinic and the doctor and midwife make their own domiciliary visits each reporting any necessary information to the other. When the doctor attends the confinement he co-operates in the delivery so that the pupil can get the necessary experience to count the case.



When the expectant mother has failed to book a doctor and the midwife decides medical help is necessary, she calls for this on a medical aid note, the Local Supervising Authority being responsible for the fee to the doctor.

Gas and Air Analgesia is available to all mothers at their confinements. The apparatus is conveyed in a sitting case car supplied by the ambulance service but paid for from the midwifery service costs. The midwife is also conveyed in the car. The car returns to bring home the midwife on receipt of her telephone call and to return the apparatus to the ambulance depot where the gas and air apparatus is stored and serviced.

Many doctors prescribe pethedine, which is administered by the midwives in the first stage of labour. Pethedine is not supplied by the Authority.

The midwives with the pupils in the Part II School have just completed a series of trial cases of analgesia half with gas and air and half with trilene. This investigation has been undertaken at the request of the Medical Research Council Committee on Analgesia in Midwifery. The general impression has been that trilene, apart from the much lighter weight of the apparatus, is a preferable analgesic. Until the reports are considered it is not possible to make any definite comments on this.

When a case of infection occurs in a mother or baby during the puerperium or if there is a contact in the home suffering from infection the midwife notifies the Supervisor who arranges for the visitation of the case by the Home Nursing Service.

The supervision of midwives in general domiciliary practice, apart from the area served by the Part II Training School, is carried out at the homes of the individual midwives by the two non-medical supervisors. Only one private midwife is in active practice at present. She does maternity nursing only for a firm of general practitioners.

The Emergency Midwifery Service continues to function from the Part II Training Centre. A domiciliary midwifery sister and a pupil midwife from the Centre accompany the consultant obstetrician. The equipment is provided by the Authority except that a special refrigerator for the storage of blood has been provided by the Regional Hospital Board and remains the Board's property but kept at the Centre. Transport is also provided by the Authority. The question of transferring this Service to the Hull (A) Group Hospital Management Committee arose some months ago and after a joint meeting of representatives of the Regional Board and the Local Authority at which it was pointed out that this service was entirely domiciliary and therefore it was the midwife and pupil working on the district who needed the experience in coping with domiciliary emergencies and not the hospital pupil, it was decided to leave the service as it is for the present.

Four municipal domiciliary midwives have attended post-graduate refresher courses annually. This number has been increased this year to six. Facilities are available at the Part II Training Centre for a Refresher Course for a midwife who has been out of active midwifery for some time and is desirous of commencing practice again. Should one of these midwives not possess the Gas and Air Certificate arrangements are made for her to obtain this at the Part II Centre or at the Maternity Hospital if no course is being held at the Centre at the time.

The relationship with the practitioners and the domiciliary service has become very close and is a very happy one.

## SECTION 24—HEALTH VISITING

The routine visiting of children under five years of age continues but where the home care is good and the health of the children satisfactory, it is done on a smaller scale. Where there are any known difficulties, frequent visits are made as in the past.

The notifications by the Almoners of discharges of patients from the Maternity Hospital and the Victoria Hospital for Sick Children and Westerland Infant's Hospital are received and visits by the Health Visitors in such cases continues as for many years before 1948. The following-up of other cases on discharge from the other hospitals is done at the request of the Almoner when she considers such visiting to be necessary. The health visitor is able to give help and advice to patients and those concerned with their welfare.

Visits to old people in their homes are numerous. Requests come from the patients themselves, their relatives, neighbours and frequently from their doctors.

This extension of home visiting has certainly made a closer link with the general practitioners. They are much more conversant with the work of the health visitor than ever before.

One health visitor attends each ante-natal clinic and acts in a liaison capacity. Selected health visitors give group talks at each ante-natal clinic.

Some of the health visitors give courses of lectures on First Aid, Home Nursing and Child Care to the St. John and Red Cross Organisations. They also give lectures to other organisations such as Townswomen's Guilds, Co-operative Women's Guilds, and Church organisations. These lectures, usually undertaken in the evening, are done voluntarily by the health visitors.



The routine visiting of tuberculous patients and the work in the tuberculosis clinics is done by the tuberculosis health visitors whose duties are confined to this work.

The training of Student Health Visitors continues. There are 18 places in the school of which 12 are for students assisted by this Authority, the others being available for students sent from other authorities. The course in the past has been of twelve months duration from April to March. This year it has been reduced to ten months from September to June. This fits in with the University Academic Year and prevents the three months gap during the summer vacation when there are no lectures.

The number of students in training has fallen from 13 in 1948 of whom 6 were from the West Riding, to 5 in 1952 of whom only 1 was from the West Riding. Few applications are being received.

The Students subsidised by this Authority are under contract to serve one year as a Health Visitor with the Authority on obtaining their Certificate. The falling-off in numbers of students is preventing the building up of the number of health visitors needed to reduce the case load from the present figure of 740 to 450 aimed at. In 1948 there were 36 health visitors, including 5 tuberculosis health visitors, one Superintendent Health Visitor and one Health Visitor Tutor. The present number is 42, including 6 tuberculosis health visitors, Superintendent Health Visitor and Health Visitor Tutor.

Health Visitors attend at the infant welfare clinics on their own districts. One health visitor is also present at each artificial sunlight treatment session where Student Health Visitors are being instructed. They also attend at the monthly immunisation and vaccination session as opportunity is afforded for individual talks to the mothers which a nurse without health visitors' training would be unable to give. One health visitor also, for liaison with the midwives, attends each ante-natal session.

Child Welfare Record Cards are kept by each Health Visitor of each child under five years of age in the district. These cards are transferred to other health visitors on local removals, and to the medical officer of health of other towns when the removal is outside the authority's area. Every effort is made to trace any "lost" child. Many removals to this area are also notified annually from the Medical Officers of Health of other districts.

A special visit is made when a child reaches 4 years and 11 months of age, after which the record card is transferred to the School Health Service for continuation of records.



Co-operation with the Standing Conference of Representatives of Health Visitor Training Centres in a trial of a suggested national infant welfare card has just begun on 50 records of children in the five age groups 0-5 years. Should this card be accepted by the Standing Conference as satisfactory and be acceptable to the Ministry of Health it will prove of great value in keeping a child's record continuous until school leaving age as such a card could be transferred without need for copying or extraction.

The Health Visitors have taken part in various investigations such as that undertaken by the Population Investigation Committee of the Royal College of Obstetricians and Gynaecologists and in the follow-up of the Virus Infection Investigation.

The health visitors take no active part in mental welfare beyond notifying to the Senior Medical Officer any cases of suspected mentally subnormal children, so that in suitable cases the Senior Medical Officer for School Health may be informed to facilitate the keeping under supervision of all such children. The health visitors also visit occasional cases of adults on request in company with the Mental Deficiency Officer.

Facilities are made available for the attendance of the health visitors and students at lectures and courses of lectures of educational value to them in the City.

Six health visitors, including the tuberculosis visitors, attend in rotation one of the post-graduate courses arranged by the Royal College of Nursing and the Women Public Health Officers' Association.

The health visitors work in close co-operation with the midwives, home nurses, home help organiser, children's officer, welfare officer, hospital almoners, and officers of many voluntary organisations as well as with the general practitioners.

## SECTION 25—HOME NURSING

This service has been undertaken to date by the Hull Jubilee District Nursing Association, the local Branch of the Queen's Institute of District Nursing, on an agency basis. The Local Authority has been responsible for approximately 97% of the costs.

In 1948 the staff numbered twenty-two full-time state registered nurses, four part-time, with eleven other nursing personnel. At the end of 1952 the staff was 35 full-time state registered nurses, 3 state registered part-time nurses and two other nursing personnel.

The number of cases attended in 1948 was 2,788 with 105,499 visits. This year the number has increased to 7,694 cases with 178,486 visits.

The fall in the number of visits paid per case is due to the number of short term cases needing penicillin, etc., injections.

These figures speak for themselves in the greatly increased use which is being made of the service.

No case is accepted for nursing care except on the request of the patient's general practitioner or of the hospital. In the latter case the general practitioner becomes responsible for the patient's care on discharge from a hospital. Daily notes are kept by the home nurse for the doctor's information and he writes any communication on the case notes. The co-operation is therefore of the closest.

The liaison with the Authority continues to be very close especially with the midwifery service where transfers are quickly arranged between the Superintendent and the Supervisors.

In the past the home nursing service staff was mainly resident but non-residence is becoming increasingly popular so that only 5 of the staff live at the main home and two at each of the smaller homes leaving 41 non-resident.

The Jubilee District Nursing Association is a key training unit for the Queen's Institute of District Nursing, but at present there are no students in training owing to the uncertainty of the future of the Association.

The "Sitters-up" service, a new service instituted in 1948, continues to be administered by the Home Nursing Service though the cost is borne by the local Health Authority. This extension of the home nursing service is proving a great boon to the relatives of the sick needing day and night care. The "sitters-up" service is usually available on alternate nights to give the relatives or friends opportunity for a night's sleep. In exceptional circumstances a "sitter-up" can be provided each night.

The Hull Jubilee District Nursing Association will shortly discontinue their agency and the Local Health Authority will take over the home nursing as a direct service.

## SECTION 26—VACCINATION AND IMMUNISATION

In order to increase the numbers of children vaccinated and immunised against diphtheria a monthly session is held at each infant welfare clinic in the City. A health visitor is present to give advice to the mothers at these sessions.



A health visitor also attends each session held by the Mobile Unit for immunisation. It is thought that the presence of the health visitor in the Mobile Unit when the mother is notified that it is in the vicinity, will be an added inducement to her to bring her child to the vehicle.

Much individual propaganda is done by the health visitors to stimulate interest in vaccination and immunisation and the midwives advise the mothers during the lying-in period to have the baby vaccinated.

*Administration.* The Deputy Medical Officer of Health has been responsible for the co-ordination of the activities in respect of vaccination and immunisation and, in conjunction with the Senior Medical Officers for Maternity and Child Welfare, and the School Health Service, has arranged provision at clinics and schools for infant vaccination and immunisation facilities for children in the two age groups, *i.e.*, 0-5 years and 5-15 years.

*Co-ordination and co-operation with other parts of the National Health Service.* As indicated in Section 26 of the National Health Service Act private medical practitioners have been encouraged to carry out vaccination against smallpox and immunisation against diphtheria, and fees for completed records in respect of persons inoculated are paid quarterly. At 31st December, 1952, the names of 134 private doctors were on the list of those who had agreed to give service.

A monthly bulletin showing the incidence of infectious diseases in the City is issued to all medical practitioners, and use is made of this communication to draw attention to matters appertaining to vaccination and immunisation as they arise. Any other special item is the subject of a separate circular letter.

Leaflet distribution by health visitors, school nurses, sanitary inspectors and other agencies keeps the public informed and posters are exhibited at municipal offices, public libraries, clinics, etc.

*Joint use of Staff.* Medical staff for local authority vaccination and immunisation clinics is supplemented by non-practising private doctors on a sessional basis.

*Voluntary Organisations.* No use is made of voluntary organisations in connection with vaccination and immunisation.

*Vaccination and Immunisation.* The organised system of visiting parents, commenced some years ago, has been maintained, and constitutes the main effort in bringing to the notice of all parents the advantages of vaccination and immunisation of children in early infancy.



Registers are kept of all children known to be in the City, and every home is visited by a Health Visitor with the object of inducing the parents to have their infants vaccinated and immunised. Shortly after the birth of an infant, a visit is paid to secure early vaccination, *i.e.*, within six months, and when the child is 6 to 8 months old, a further visit is made to secure immunisation. Re-visits for these purposes are made when necessary.

Facilities for vaccination and immunisation are provided at 3 clinics with weekly sessions for children of any age, and monthly sessions are held at 15 maternity and child welfare clinics for those under 5 years of age.

A mobile immunisation unit tours the streets, 3 half-days per week, during the summer months, and a call is made at each house where it is known that a child under 5 years of age has not been immunised. The use of this mobile unit has secured the immunisation of many children who would not otherwise have been done.

The various facilities for vaccination and immunisation are made known to parents by the Health Visitors.

In the 5 to 15 years age group immunisation is mainly carried out at school during school hours by arrangement with the Education Department. Lists of children commencing school at 5 years of age, and of those reaching 10 years of age, are supplied each month by the Education Department ; school nurses visit the parents to obtain consent to primary immunisation or re-inforcing injection ; and 3 half-days per week are allotted for visits to be made to schools to give the necessary injections to the children concerned. The co-operation of teachers and school nurses in publicising immunisation is also obtained by this arrangement.

Re-inforcing injections are generally advised as strongly as primary immunisation, but the school nurses contact with the parents assures a maximum number of children being kept fully protected.

Re-inforcing injections are given at clinics and by private doctors, but the majority are done at the schools. Out of a total of 8,280 during 1952, 7,846 were given at school.

The proportion of children under 15 years of age immunised at December, 1952, is estimated to be 74·4%.

All opportunities are taken to stress the value of these protective measures. Posters are exhibited and leaflets distributed or made available at all suitable

places, and "first birthday cards" are sent at the appropriate time to all non-immunised infants. Talks are given by medical and other staff of the department to local organisations and propaganda displays have been made in shop windows and at local exhibitions.

Action is contemplated by the Local Health Authority to provide facilities for immunisation against whooping cough, but it has been noted from record cards received that a number of medical practitioners in the City are already using the combined diphtheria-pertussis vaccine.

## SECTION 27—AMBULANCE SERVICE

*Administration.* Operational control and supervision of staff is undertaken by the Chief Ambulance Officer assisted by a deputy ambulance officer and ambulance station superintendent.

*Co-ordination and co-operation with other parts of the National Health Service.* Local general medical practitioners and hospital authorities were informed, when the service was inaugurated, of the facilities to be provided and method of operation. They are kept informed of any matters which arise which it is desired to bring to their notice. Co-operation with the local Executive Committee has also been effected.

*Joint use of staff.* Nil.

*Voluntary Organisations.* When the ambulance service commenced to operate in July, 1948, it was necessary to supplement the resources available and assistance was obtained from the St. John Ambulance Brigade, who provided ambulances and personnel, and from the Hospital Car Service with cars and drivers for sitting-cases. Subsequent development of the Ambulance Service made it possible to discontinue the use of the staff and vehicles of these two voluntary organisations and the arrangements were terminated on the 31st July, 1950.

*General.* The year under review has proved to be the heaviest traffic year since the inception of the Service in 1948.

Ambulance work, the major item, has substantially increased and additional work for the City Coroner (removals of bodies to the City Mortuary) has been carried out during the year for the first time in the history of the Service.

*Mileages during the year.*

Ambulances	....	....	....	....	171,525
Sitting-Case Cars	....	....	....	....	164,215
Midwifery Service Cars	....	....	....	....	34,125
Mental Health Staff Car	....	....	....	....	9,277
Nurseries Vehicles	....	....	....	....	3,323
Immunisation Unit	....	....	....	....	1,312
Mortuary Van	....	....	....	....	1,519
Clinics Delivery Van	....	....	....	....	17,167
Disinfections Delivery Van	....	....	....	....	10,410
Sanitary Section Van	....	....	....	....	10,252
Total mileage					423,125

*Ambulance Service.* A total of 55,024 patients, including both stretcher and sitting cases was handled during the period for a total mileage of 335,740, averaging 6 miles per patient ; both these figures show an increase of 11% over those for the year 1951. As a matter of interest 1951 showed corresponding increases of 28% for patients and 13% for mileage over the year 1950, so that for each successive year there has been a substantial increase in the volume of traffic.

*Details of Ambulance Traffic.*

	<i>Patients</i>	<i>Mileage</i>
Accident and Emergency Ambulance Cases	3,362	15,109
Other General Ambulance Removals	20,672	156,416
Sitting Cases	30,990	164,215
Totals	55,024	335,740

In addition to the above, 20 patients have been transferred by rail for an approximate total mileage of 3,070 rail miles. Every effort has been made to arrange that patients travelling long distances have travelled by rail, because of the smoother and speedier journey for the patient and the financial saving for the Authority.

Some of the reasons for the increase in ambulance mileage are :—

- (1) The increasing numbers of infectious cases transported to hospitals situated in Knaresborough, York, Wakefield, Scarborough and Bridlington, whereas previously they were accommodated at the local Fever Hospital, Cottingham.
- (2) The transfer of child patients from the Allison Ward of the local Victoria Children's Hospital, to the City Hospital, Cottingham.



- (3) The increasing numbers of patients being transported to the Leeds General Infirmary from local hospitals and to the Limb Fitting Centre at Chapel Allerton, Leeds.

So far as the Chapel Allerton journeys are concerned, it is noticeable that whereas previously the Ministry of Pensions supplied most of these patients with rail warrants, they now make all requests for transport direct upon the Ambulance Service, with the result that this is a regular feature, usually three times per week. In this connection, satisfactory arrangements were made between the hospital and the Service some time ago, for Tuesdays and Thursdays of each week to be earmarked for these journeys and for a maximum of 5 patients on each occasion. This has worked very well in practice and has been of assistance in making other pre-arrangements concerning allocation of transport.

The main traffic increase has been due to the greater numbers of sitting cases transported. In this respect it will be recalled that Ministry of Health Circular 30/51, drew attention to the need for reductions in this category and made certain recommendations. However, little or no abuse exists in this City, the principal reasons for the increased traffic being due to the increased clinic facilities now provided at local hospitals.

Although each of the main hospitals has evolved its own system of ordering transport, generally, it can be said to operate satisfactorily. The system, however, which commends itself as being the best arrangement, is that organised by one of the General Hospitals. At this establishment, it is the rule that requests for transport are received only from the Hospital staff. General practitioners must first make their arrangements with the hospital, who in turn notify the Ambulance Service. The greatest advantage from this system is that the channel of communication is confined to ourselves and the hospital records staff who co-operate in the transport arrangements. There is also a minimum of delay for ambulance crews upon arrival at the hospital, since the ingoing patient is directed straight to the vacant bed in the proper ward.

One of the greatest difficulties in the operation of the Service during the year has been the increasing numbers of infectious cases transferred almost as emergencies, that is without prior notice, to infectious diseases hospitals as far as 60 miles away from the City. Whereas the matter can be handled well during normal hours of the day, when day-workers can be allocated, it becomes a serious matter at other times when only a minimum of shift-workers are on duty for local needs. A journey of 100 or 120 miles in the dark, perhaps involving icy roads and foggy conditions, means several hours' absence for the crew and invariably invokes overtime payments. It also happens that other similar cases arise after an ambulance has already left the City for a distant hospital.

*Mental Health Section Transport.* Included in the above ambulance and car statistics, a total of 609 mentally ill patients were transported in the care of Duly Authorised Officers for a total of 11,394 miles. The details of this work are as follows :—

				<i>Running Time</i>		<i>Average per Patient</i>	
		<i>Patients</i>	<i>Miles</i>	<i>Hours</i>		<i>Hours</i>	<i>Miles</i>
Ambulances	....	....	407	5,201	599	1½	13
Cars	....	....	202	6,193	749	3½	30
Totals			609	11,394	1,348		

These figures show that an average of 2¼ hours was spent on each case for a total mileage of 19. Although the averages shown for ambulance usage are normal for the average distances involved, the car averages are well above normal. This is due to the increasing requests made during the year for car transport on what appears to be routine investigations and enquiries. Naturally, extensive use is made of ambulances by these Officers outside normal office hours.

In addition to the above work, a staff car with driver is provided for the whole-time use of Officers carrying out Mental Deficiency work and this car covered an additional total mileage of 9,277 miles during the year.

*Work carried out on behalf of Hull (A) Group Hospitals.* The volume of work completed for the various local hospitals has extended during the year through the inclusion of more regular journeys to the Westerland Infant's Hospital, Elloughton, and through the transfer of children from the Allison Ward of the local Victoria Children's Hospital to Cottingham, thereby influencing the transport of nursing mothers, breast milk, blood, etc.

The details of this work are :—

				<i>Miles</i>	<i>Running Time Hours</i>
Goods (laundry, etc.)	....	....	....	9,804	1,377
Mothers, milk, etc.	....	....	....	14,799	1,431
Totals ....				24,603	2,808

This work, the cost of which is recoverable from the Group Management Committee on an agreed rate per running hour, is included in the ambulance and sitting case car figures previously detailed and averages 500 miles per week and approximates to the whole-time employment of two men.

*Mortuary Service.* Responsibility for the conveyance of all bodies to the City Mortuary for post-mortem examinations, etc., was placed upon the Service on 1st January, 1952.



During the year 297 bodies were transferred on the instructions of the City Coroner and represented a total of 1,588 miles. In addition to these figures, another 86 persons were transferred to the Mortuary per ambulances, the latter being as a result of responding to emergency calls, when, upon arrival at the Hull Royal Infirmary, life was pronounced to be extinct.

These new transport arrangements have worked smoothly and efficiently throughout the year and no additional staff have been employed in order to cater for it. I am glad to report that only exceptionally has the wooden shell been used, the majority of the movements being completed by the use of the special folding canvas stretcher evolved for the purpose.

The cost of this transport will eventually be recovered from the Finance Committee and credited to the Ambulance Service Account.

*Observations upon use of Radio-Telephones.* 1952 has provided the first full year's experience of the operation of a limited number of radio-telephone ambulances, actually 6. The installations have resulted in a complete revision of normal operational methods to the general advantage of patients and the Service alike. Without radio, it is always necessary in a City such as this, to retain ambulances in stations to cater for emergency work, with the inevitable result of an accumulation of man-hours on standby watch and usually with very little actual running time to offset it. The radio ambulance, being a mobile station within itself, can be kept in controlled employment and any such vehicle can be detailed to attend to the emergency case as it arises, depending upon the position of the accident and the nearest ambulance to the scene. This re-arrangement has been pursued throughout the year very satisfactorily and has improved time factors to general benefit. At the same time, better coverage has been provided for emergency work by the posting of ambulances to standby at selected points within the City. The total result of all this has been that during this year it has been the rule to find that stations are almost denuded of staff, due to this posting system, and that much more work has been accomplished with a smaller operational establishment ; each crew being responsible for a greater number of transfers during each tour of duty than previously obtained.

*Communications.* Two additional private telephone lines were installed during the year, one with the Police Operations Room and the other with the Maternity Ambulance Section in Waterloo Street. Nevertheless, difficulties are still experienced so far as hospital telephones are concerned, particularly at the Kingston General Hospital and the Hull Royal Infirmary, due to telephone congestion. Since only 6 ambulances were fitted with radio-telephones, the drivers of all other vehicles have been obliged to call the Station via hospital 'phones and much delay



has resulted. The proposed installation of additional radio-telephones during 1953 may ease this situation, but alternatively it may be necessary to recommend the installation of private telephone lines between the Scarborough Street Station and the two hospitals mentioned above.

*Equipment.* An improved type of soft stretcher or carrying sheet was introduced during the year and all resuscitation apparatus (Novox) changed over to the use of 100% Oxygen instead of the Dicarbox mixture previously used.

Although consideration was given to the replacing of the fitted folding canvas stretcher in each ambulance with a rigid light metal stretcher, no such changes have yet been made due to the high cost involved. It is hoped that something may be accomplished in this respect during 1953.

*Accommodation.* The limited accommodation provided for staff and vehicles at the Headquarters Station is a matter of serious inconvenience and the scheme for a proposed new central combined station is a matter of real urgency.

*Service Training.* Due to the volume of traffic handled during the year and the onset of Civil Defence Section Training, it has been quite impossible to make any start with Supplementary Training recommended by the Ministry of Health in Circular 30/51, or with the Civil Defence Training of the peace-time staff. The outlook, in this respect, is not good even in 1953, but every effort will be made to commence the training at the earliest possible date.

Some Service Training was accomplished in the early months of the year during working hours, but this had to be suspended as the holiday season arrived and the total available strength was further reduced.

Every member of the Service successfully passed the Annual Re-examination in First Aid undertaken through the medium of their own Division of the local St. John Ambulance Brigade, known as "The Three Crowns Division".

*Civil Defence Ambulance Section Training.* The first posting of volunteers to the Ambulance Section took place on 1st October, 1952, and training has proceeded regularly each week, with driving instruction at week-ends. The lack of accommodation has again made itself felt in this connection and has tended to restrict and therefore offset the value of the training.

*Co-operation with Police.* There is a high level of co-operation between the Police and the Service. This applies particularly to the 3,500 cases handled during the year through street mishaps, works accidents, attempted suicides, transfers to

the Mortuary, etc., where continual contact is maintained with the Police Operations Staff, in the immediate exchange of information for mutual benefit. The local system is working well consisting of our communications arrangement where we have radio-ambulances and the police their radio-patrol cars supported by the direct private telephone line between the Police and the Service.

*Inter-Authority Relationships.* There is a continuance of the high level of co-operation between ourselves and our immediate neighbours the East Riding County Council, and also with all other authorities in the Yorkshire area.

*Vehicle Accidents and Insurance Claims.* The year proved to be a relatively good one so far as vehicle accidents involving damage to Service vehicles was concerned. No personal injuries were occasioned in the 10 accidents reported to our Insurers and totalling claims of £189 approximately.

*Maintenance Garage.* Maintenance and repair has proceeded smoothly and efficiently throughout the year. Our system of maintenance is of a high order, with the result that the vehicles in commission are known to be in sound mechanical and roadworthy condition and very rarely does a break-down occur on the road ; reflecting great credit upon the workshops staff.

## SECTION 28—CARE AND AFTER-CARE

*Administration.* Duties arising out of Section 28 of the National Health Service Act, 1946, are administered as follows :—

- (a) The “ Sitters-up ” service is combined with the Home Nursing Service and has been operated hitherto on an agency basis by the Hull Jubilee District Nursing Association.
- (b) After-Care duties in connection with mental illness and mental defectiveness are combined with Section 51 duties under the administration of the Mental Health Sub-Committee of the Health Committee.
- (c) The remaining duties are administered by the Care Sub-Committee of the Health Committee.

This Sub-Committee comprises eight members of the Health Committee together with four co-opted members, viz.:—

One member of the Council representing the Education Committee ;

One private citizen with wide experience in health and welfare matters, including service on the Hull Voluntary After-Care Committee ,

One member from each of two large local firms operating staff welfare schemes.



The administration of the Care Sub-Committee is carried out in close contact with the Health Visiting and Domestic Help Services.

*Co-ordination, etc.* Six Tuberculosis Health Visitors are employed whole-time in the Chest Clinic service. Their work includes regular home-visiting of all on the Chest Clinic Register (1,596 in 1952), the initial home-visit on receipt of notification of tuberculosis, securing the attendance for examination of familial contacts (583 in 1952), the reception, weighing, etc. of persons appointed to attend or referred by their own doctors to the Chest Clinic, assistance to the doctor conducting clinic sessions (13 weekly), in tuberculin skin-testing and B.C.G. inoculations, and at A.P. "refill" sessions and in domiciliary "refill" work.

Employed as they are at the "centre" (the Chest Clinics) the Tuberculosis Health Visitors are under the day to day control of the Chest Physician but carry out their duties within the comprehensive scheme operated by the Health Department. Co-ordination is therefore complete between the Nurses (employed by the Local Health Authority) and the Chest Clinic branch of the Hospital Service.

Constant exchange of information exists between the Hospital Almoners and the staff of the Local Health Authority, resulting in close co-operation in problems jointly affecting the two services.

*Joint Use of Staff.* Nominally a proportion (2/11 or 3/11) of the Chest Consultant's time is at the disposal of the Local Health Authority for duties under Section 28 "Prevention, Care and After-Care", but the exact proportion has not yet been clearly defined. So far, he acts *in every respect* vis-a-vis the Local Health Authority as he did before the "appointed day". Division between the preventive and the diagnostic and curative aspects of tuberculosis work is not clear cut, so that allocation of the Consultant's time on the above or other fractional basis is a matter of some difficulty.

*Voluntary Organisations.* Except for the operation of the "Sitters-up" Service, mentioned in paragraph (a) above, no voluntary organisation is included in the local health authority's arrangements under Section 28 of the 1946 Act.

The Hull Voluntary After-Care Committee (tuberculosis) is still in existence although receiving no official support from the Local Health Authority. This Voluntary Committee carries out some activities, e.g. at Christmas it distributes monetary gifts to 50 necessitous tuberculous families selected by the Chest Clinics staff, and donates £10 to the Welfare Committee of the Special Remploy Factory each year at Christmas.



## PARTICULAR SERVICES

## PREVENTION, CARE AND AFTER-CARE.

*(A) Tuberculosis.*

The role of the Tuberculosis Health Visitor has already been mentioned. In social care-work she generally acts mainly as a "reporting agent" or "informant" to the Chest Consultant who then himself, or through the Almoner, acts on her reportage in the patient's best interests. In 1948-49, the Local Health Authority declined to appoint an almoner for the Chest Clinics and local group of Sanatoria. The Hospital Management Committee, therefore, appointed in 1950, an Almoner whose duties lie in the Chest Clinics (1/3) and Sanatoria (2/3). Social care and after-care up to then was undertaken in the time the Chest Consultant could spare for the work, and was for that reason, haphazard and irregular. The appointment of an almoner has much increased the amount and scope of care work generally in tuberculosis, as is evident in the increase in numbers in receipt of help in kind from the Care Sub-Committee and its present annual expenditure.

Crude disinfectants, bed-side sputum containers and pocket-flasks provided by the Local Health Authority are issued at the Chest Clinics as required, free of charge. Terminal disinfection of the sickroom on removal of a patient to Sanatorium or in the event of death is offered by the Local Health Authority.

Medical recommendations for re-housing are constantly being sent to the Health Department by the Chest Clinics medical staff. Of approximately 1,200 tuberculous family units in Hull, about one half have been recommended for rehousing in this way, of whom perhaps 100-120 have been rehoused since 1946.

*Nursing Requisites, Extra Nourishment and Clothing.* Nursing requisites, including bedsteads and bedding, are available on loan to tuberculous patients under a general scheme for the care of all types of patients being nursed or confined in their own home, particulars of which are given in a later paragraph. Just over 40 new applications for loans are being received each year in respect of tuberculosis cases, requirements ranging from single articles such as air rings and backrests to bedsteads complete with bedding. The Health Department's stock of open air sleeping shelters was lost during the war years, but six new ones have since been obtained. Four patients have borrowed shelters since the new after-care arrangements came into being, two shelters remaining on loan at the end of 1952.

Extra nourishment, in the form of milk is provided free of charge to those tuberculous patients who cannot afford to purchase sufficient for their needs. In general, two pints per day are granted to each patient whose application is approved

but in some cases this amount is reduced to one pint per day where it is felt that the applicant can afford to purchase the second pint. This service has developed rapidly over the past two years, 96 patients (approximately 6% of those on the Chest Clinic Register) being in receipt of free milk on the 31st December, 1952. During 1952, approximately 6,755 gallons of milk were provided free by the Local Health Authority for tuberculous patients, compared with 3,260 gallons in 1951 and 750 gallons in 1950.

There has been a low but steady demand for clothing, applicants falling into three categories—(a) those with growing children who are constantly in need of new outfits, (b) patients who, after a long stay in a sanatorium, need considerable re-equipment due to changed physique, and (c) those in need of sleeping apparel whilst undergoing bed-rest.

*Convalescence and Rehabilitation.* Before July, 1948, the after-care of the tuberculous was dealt with by the Hull Voluntary After-Care Committee with which was associated an After-Care Colony situated at Walkington, a few miles out of Hull. On the introduction of the 1946 Act the Local Health Authority decided to accept direct responsibility for after-care work.

The Walkington After-Care Colony was considered unsuitable by the Regional Hospital Board for use as part of the hospital service. The few patients in the Colony in 1948 were transferred elsewhere and no new patients have been referred to the Colony by Chest Physicians. No action has been taken by the Colony Committee to modernise the buildings or to reconsider the function of the Colony (farm training) in the light of the changed outlook towards this type of training and rehabilitation. At the end of 1952, however, discussions were in progress between the local authority and the Colony Committee regarding the use, if any, to which the Colony could be put in the future for the benefit of tuberculous patients.

So far as the Hull Voluntary After-Care Committee is concerned, the local health authority took over, in May, 1949, the existing Motor Car Watchers Scheme. Eleven car park attendants transferred to the Corporation and the whole scheme was placed under the control of the City Treasurer. This scheme now appears to be divorced from the local health service except for inclusion in the annual estimates of expenditure.

No tuberculous patients have been provided with recuperative holidays or convalescence under arrangements made by the local health authority. There is little demand for a service of this nature and, up to the present, no suitable accommodation has been available within a reasonable distance of the City.



The local authority has accepted responsibility, so far, for the payment of maintenance charges in respect of two tuberculous patients undergoing rehabilitative training outside of the City. One male completed training at the British Legion Village, Maidstone, and was placed in suitable employment, whilst one female is at present training at the Papworth Village Settlement.

The needs for industrial rehabilitation of the tuberculous have been met by the setting-up in 1949 of the Special Remploy Factory, administered by Remploy Ltd. It now employs upwards of 100 tuberculous men and women. The Chest Consultant is honorary Medical Officer at the Factory. Other rehabilitation courses and types of vocational training are available to tuberculous convalescents who, after treatment, are unable to find suitable work or who cannot be reinstated in their old jobs. The Chest Clinics' medical staff co-operate closely with the D.R.O.s at the local Employment Exchange with whom they are in touch almost daily. The Health Visitor is in a position to assist home-bound tuberculous patients in "diversional therapy" mainly of a handicraft type, by arranging for purchase of therapy materials at wholesale prices or through voluntary agencies such as the British Red Cross Society.

In all, the various methods outlined above cover most of the requirements of the tuberculous population in the City.

*B.C.G. Vaccination.* B.C.G. vaccination is offered to the three groups of persons exposed to special risk—family contacts, young nurses and laboratory workers. Since 1950, approximately 250 persons have been vaccinated. Vaccination on this scale can be undertaken by the Chest Clinic staff.

The lack of "segregation" accommodation in Hull for infants and young children undergoing B.C.G. vaccination, estimated to amount only to 6 "places" in any one quarter-year, has not deterred the Chest Consultant from using B.C.G. The safety and good repute of the vaccine would be preserved if there were access to accommodation where a few selected children could be sent for six weeks before and six weeks after inoculation.

*Radiography.* In accordance with the recommendations made to the Minister of Health by the Joint Tuberculosis Council regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis, arrangements were made in 1950 for the X-ray examination of new appointees to the staffs of the Health and Children's Departments. Due to the shortage of film for use at the Health Department's X-ray Clinic and the non-availability of a Mass Radiography Unit in 1950, the scheme could not be put into operation until early 1951. In March, 1952, the Minister of Education authorised



the inclusion of appropriate educational staffs within the scheme, so that an X-ray examination of the chest has now been made a condition of employment for all Corporation appointments involving contact with organised groups of children. By the end of 1952, 125 X-ray examinations had been carried out under this scheme at the Health Department's X-ray Clinic ; all the persons concerned were considered fit for employment amongst children.

In April, 1952, the City Council decided that all entrants to the Corporation's Superannuation Scheme should undergo an X-ray examination of the chest before acceptance, and this work was combined with the " Protection of Children " scheme. At the same time, candidates for admission to the Police Force were included at the request of the Chief Constable. Under these arrangements, 281 X-ray examinations were carried out during 1952. One man, a conductor in the Transport Department, was found to be suffering from active tuberculosis of which he was unaware.

The cost of the X-ray examinations is met from Section 28 funds in respect of all employees coming within the scope of the " Protection of Children " arrangements, whilst in all other cases payment is made by the appropriate Committee of the Corporation.

In addition, almost 3,000 X-ray films are taken each year at the Health Department's Clinic of patients and contacts referred by the Chest Clinics, the cost being reimbursed by the Hospital Management Committee.

The local health authority has co-operated in the work of the Regional Hospital Board's Mass Radiography Unit. This Unit commenced operations early in 1951 and for approximately five months each winter it is based in or near the City, the remaining months being spent in visiting other areas in the East and North Ridings. Appointment cards for public sessions are issued through the Health Department, whilst the Medical Officer of Health and Chest Consultant co-operate with the Medical Officer and Unit Organiser in the planning of the Unit's programme within the City boundary. Prior to the arrival of the Regional Hospital Board's Unit, a Mass Radiography Unit from Leeds visited the City in 1948 and 1949. Examinations carried out within the City from July, 1948 to the end of 1952 are as follows :—

1948	....	....	10,094
1949	....	....	13,413
1951	....	....	17,464
1952	....	....	21,731

The volunteers examined included employees from large industrial and business firms, Corporation staffs, dock workers, hospital nursing and domestic staffs, school leavers, general practitioners' nominees and members of the public who replied to advertisements in the press.

(B) *Illness Generally.*

Close co-operation exists between the Almoners attached to the various hospitals and the staff of the Health Department. Where the Health Department can be of assistance, the Almoners send information prior to the discharge of patients so that after-care arrangements can be made.

*Nursing Requisites.* A scheme for the provision of nursing requisites is in operation. Articles are available on loan from the Health Department for all patients who are being confined or nursed at home. A small charge is made for the loan of the articles, but if the applicant is unable to pay the standard amount the charge is assessed on an income basis.

This scheme expanded rapidly in 1951, 2,616 articles being issued on loan during that year. During 1952, 2,479 articles were loaned to patients 860 articles remaining on loan at the 31st December. During the operation of the scheme it became obvious that strict control was necessary in regard to the loan of bedding, particularly for use at confinements, and such articles can now be obtained only on production of a certificate from a midwife, health visitor, doctor or almoner. The slight fall in the number of applications received and articles loaned in 1952 compared with 1951 is wholly accounted for by this tightening up in respect of confinements. The 2,479 articles loaned during 1952 included 78 beds, 67 hair mattresses, 41 Dunlopillo mattresses and 1,025 other items of bedding.

The number of applications granted in 1952 was 767, made up as follows :—

Confinements	....	....	99	Fractures, accidents, etc.	....	....	45
Cancer	....	....	100	Diabetes	....	....	34
Senility	....	....	73	Pneumonia, Pleurisy	....	....	23
Stroke	....	....	65	Asthma and Bronchitis	....	....	27
Diseases of the Heart	....	....	63	Rheumatism, etc.	....	....	26
Tuberculosis	....	....	45	Mental Deficiency	....	....	7
Others, including cases where the diagnosis was doubtful	....	....			....	....	160

These figures can be taken only as a rough guide as no medical certificate is demanded, and relatives are often reluctant to admit the nature of the illness of a patient, particularly in cancer cases.

No charge was made in respect of 100 of the 767 applications granted during 1952, 18 of the free loans being to tuberculous patients.



This service is being used by patients from all classes of society and appears to be playing an important part in the health services, assisting in the care of patients who cannot secure admission to maternity homes, hospitals and sanatoria or, on the other hand, helping to render home conditions suitable for patients being discharged from hospital earlier than would otherwise be possible.

The British Red Cross Society and the St. John Ambulance Brigade also loan medical and nursing comforts to the public, each organisation having its own tariff and loan arrangements.

*Recuperative Holidays.* There has not been a big demand for recuperative holidays or convalescence, possibly because of the easy access to the nearby sea-side resorts. On the other hand, difficulty has been experienced in meeting the demand that has occurred due to the lack of suitable accommodation within easy reach of Hull. Only one convalescent home is available on the East Yorkshire coastline and the waiting time before a patient can be accepted during the summer months makes use of the Home impracticable at a time when the demand is greatest. The use of Convalescent Homes further afield is not practicable either, as patients are required to pay their own travelling expenses in addition to being assessed to contribute towards the cost of their stay at the Home.

In 1952, the difficulty was overcome in part by the reservation of two rooms at a private Guest House at Bridlington for a period of 26 weeks covering the months of May to October inclusive. The proprietress of the Guest House is a qualified nurse and the arrangements made with her worked very smoothly and satisfactorily. The reservation of these rooms has again been made for 1953. During 1952, 24 patients were sent to the private Guest House at Bridlington, 7 to the Foresters' Convalescent Home at Bridlington, 2 to a private Home at Basingstoke, and one mother with her child to the Church Army Home at Southport. The patients travelling to Basingstoke and Southport obtained assistance from other sources in regard to railway fares. There were 18 other applications which were "not granted", 3 because no suitable arrangements could be made, the remainder being cancelled by the patients concerned for financial or other reasons.

## SECTION 29—DOMESTIC HELPS

The Home Help scheme which operated for nearly twenty years as a Maternity and Child Welfare Service was widened in 1948, to include domestic help for the other categories.

Before 1948 the 36 home helps were all employed on a part-time basis. The numbers have now been built up to include 13 full-time and 128 part-time workers. These are giving approximately 2,700 hours service to an average of 430 patients weekly.



The greatest demand on the service, other than for cases of confinement, is for the aged infirm. These old people tend to remain permanently on the list and receive an average of two half days weekly if they are ambulant, but more help up to full-time in appropriate cases is given at the discretion of the Home Help Organiser.

Requests for a Home Help are received from the patients themselves, from midwives, district nurses, health visitors, almoners, and social welfare officers. The general practitioner only occasionally makes direct request for a home help for a patient. He usually advises the patient to take this action himself.

No organised training of home helps is given. The women are carefully selected in the first instance to secure the right type. The Organiser arranges monthly meetings of the staff of Home Helps when talks and discussions take place.

The value of this service is immense. If the money could be available and also the staff (in the event of a greatly increased monetary grant) the use of the service would be still widened. It is necessary, however, for the Domestic Help Organiser and her deputy to keep close observation of all cases to prevent exploitation, otherwise the demand would be limitless.

## SECTION 51—MENTAL HEALTH

### (I) ADMINISTRATION

(a) The Mental Health Service is administered by the Mental Health Sub-Committee of the Health Committee. The Sub-Committee comprises eight members, and the Medical Officer of Health and the Psychiatrist attend meetings in an advisory capacity. Meetings are held each month during the week preceding the meeting of the Health Committee.

(b) *Number of Staff.* 1 Psychiatrist ; 2 Social Workers ; 3 Duly Authorised Officers ; 3 Mental Deficiency Officers ; 1 Assistant Mental Deficiency Officer and Clerk ; 1 Receptionist-Clerk ; 5 Occupation Centre Supervisors.

(c) *Co-ordination.* The Psychiatrist in charge of the Mental Health Service has a contract with the Leeds Regional Hospital Board to attend the Kingston General Hospital, Kingston upon Hull, as Consultant on three days per week during which he holds one in-patient session and two out-patient sessions.

The Local Health Authority's Social Workers have access to the Wards and make domiciliary visits and provide after-care in respect of patients discharged therefrom. They are assisted in this work by other members of the department.

The Mental Hospitals supervise their own patients who are absent "on trial".

Occasionally, supervision has been exercised in respect of patients on licence or those who have been discharged from Institutions outside the Hull (B) Group Hospital Management Committee's province.

The Psychiatrist is a member of the Leeds Regional Hospital Board's Psychiatric Technical Advisory Committee.

(d) *Duties delegated to Voluntary Associations.* During 1948 the National Association for Mental Health continued the work of visiting and reporting on the ex-Service cases in the City area, but since then no duties have been delegated to them or to other associations.

(e) *Arrangements for the Training of Staff.* No specific arrangements have been made for the training of staff.

## (II) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Under Section 28, National Health Service Act, 1946.* In 1948 a Psychiatric Social Worker took up duties in connection with the after-care of the Mental Health Service. She relinquished her post in September of the same year. Two Social Workers were appointed in April, 1949. Their work has steadily increased and as noted above they have access to hospital patients.

On an average about 500 cases have been supervised annually by the Mental Deficiency Officers.

An Occupation Centre is provided for children assessed as ineducable. The number attending the Centre has grown from 40 in 1948 to 75 in 1952.

Lectures have been given by members of the staff to various organisations in the City.

The Psychiatrist has also given a course of lectures annually to the Student Health Visitors at the University College.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930.* The Duly Authorised Officers, apart from the police authority, are responsible for the removal of patients alleged to be of unsound mind and the arrangements for initial proceedings in respect of any subsequent admissions to mental hospitals. They

report on the nature and extent of patient's property should it exceed £100 and they are further responsible for the safety of valuable securities and the contents of homes.

(c) *Under the Mental Deficiency Acts, 1913-1938.*

(i) The arrangements for ascertainment are vested in the Medical Officers of the School Health Service who report to the Education Committee. Subsequent supervision as noted above is the responsibility of the Mental Deficiency Officers. During the period under review cancellation of reports under the Education (Miscellaneous Provisions) Act, 1948, has been effected in the case of 5 children.

(ii) *Guardianship.* Only two adult females are under Guardianship and no applications have been made in this respect during the period 1948-1952.

(iii) *Occupation Centre Arrangements.* An Occupation Centre was opened in 1947 for the training of defectives. No industrial centre has been provided for adults and no home teaching has been provided for individuals or groups.



PART IV

INFECTIOUS DISEASES

TUBERCULOSIS, ETC.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

The material for this section has been supplied by Dr. R. H. Moyes, Deputy Medical Officer of Health.

The total number of cases of infectious disease notified in 1952 was 7,951 compared with 4,896 in 1951. The increase was mainly due to the greater number of Measles notifications which were 3,556 more than in the previous year. 73 more cases of Scarlet Fever and 262 more of Acute Primary Pneumonia were notified than in 1951. Whooping Cough notifications were 773 less than in the previous year. Table XXII on page 175 shows the notifications classified in age groups and the distribution throughout the city.

The following table gives the case rates per 1,000 of the population for the principal notifiable infectious diseases and a comparison with the rates for England and Wales for the past two years :—

Disease	1952		1951	
	Kingston upon Hull	England and Wales	Kingston upon Hull	England and Wales
Smallpox ....	—	0.00	—	0.00
Scarlet Fever ....	1.46	1.53	1.25	1.11
Diphtheria ....	—	0.01	—	0.02
Typhoid Fever ....	—	0.00	—	0.00
Paratyphoid Fever ....	—	0.02	0.00	0.02
Meningococcal infection ....	0.02	0.03	0.03	0.03
Erysipelas ....	0.10	0.14	0.12	0.14
Measles ....	18.62	8.86	6.80	14.07
Whooping Cough ....	3.74	2.61	6.31	3.87
Pneumonia ....	1.76	0.72	1.15	0.99
Acute Poliomyelitis				
Paralytic ....	0.05	0.06	0.01	0.03
non-Paralytic ....	0.01	0.03	0.01	0.02
Food poisoning ....	0.03	0.13	0.02	0.13
*Puerperal Pyrexia ....	12.64	17.87	10.36	10.66

\* Attack rate per 1,000 live and still births.

(—) Indicates that no case occurred.

# CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1952

175



*Scarlet Fever.* 457 cases were notified in 1952 compared with 384 in the previous year and an average of 611 for the 5 years 1946-1950.

The disease was more prevalent, however, in the last quarter of the year, when 194 of the cases occurred—127; 66 and 70 cases were notified respectively in each of the first, second and third quarters.

193 or 42·2 per cent of the notified cases were admitted to the Infectious Diseases Hospital.

In 22 of the cases admitted to hospital the diagnosis of Scarlet Fever was not confirmed, whilst 3 others admitted as suffering from some other disease were found to have Scarlet Fever. The total number of cases after correction was 438. There were 11 secondary cases, i.e., cases occurring in a family within 4 weeks of the onset of a previous case. 4 "return cases" occurred, i.e., a case occurring within 4 weeks of the return home from hospital of a patient who had been treated there for Scarlet Fever.

No death from Scarlet Fever was registered.

*Diphtheria.* No case of diphtheria occurred throughout the year and there has therefore been no recorded case of this disease in the City for over 2 years. 11 persons were notified as having diphtheria or suspected diphtheria, and were admitted to the Infectious Diseases Hospital for observation and treatment, but in no case was the diagnosis confirmed.

For the sixth year in succession no death from diphtheria was registered.

The following table shows the decline in the "true" cases for the previous 6 years :

Year	Notifications received	Diagnosis confirmed	Attack-rate per 1,000 population	*Deaths	Death-rate per 1,000 population	Case mortality per 100 cases
1946	194	102	0·37	2	0·007	1·96
1947	86	30	0·10	—	—	—
1948	82	24	0·08	—	—	—
1949	38	2	0·00	—	—	—
1950	25	4	0·00	—	—	—
1951	16	—	—	—	—	—
1952	11	—	—	—	—	—

\* Inward transferable deaths omitted.

The routine of swabbing all child contacts of suspected cases was continued. The 10 children from whom swabs were taken all gave negative results.

The protective value of immunisation has again been proved, but our efforts to immunise more children cannot be relaxed and parents must not be allowed to assume that diphtheria infection has disappeared.

At the 31st December, 1952, 74·3 per cent. of children under 15 years of age in the City were known to have been immunised. There is still a number of unprotected children who are likely to contract diphtheria.

*Measles.* This disease was exceptionally prevalent during the early part of the year. The peak of the outbreak was reached in the week ended 8th March, 1952, when 502 cases were notified, following which there was a steady decline until the end of June when the number of cases occurring attained a normal level.

Of the 5,586 cases recorded in 1952, 3,989 occurred in the first quarter ; 1,333 in the second ; 133 in the third and 131 in the fourth quarter.

The disease was mild in type. Three deaths were registered throughout the year.

105 cases were admitted to the infectious diseases hospital, 10 of whom were subsequently found not to be suffering from measles.

*Whooping Cough.* 1 death from whooping cough was reported during the year, giving a death-rate of 0·00 per 1,000 of the population ; this compares with 8 deaths and a rate of 0·027 in 1951 ; 5 deaths and a rate of 0·017 in 1950 and 6 deaths and a rate of 0·02 in 1949.

1,122 cases of whooping cough were notified compared with 1,895 in 1951 ; 55 children were admitted to the infectious diseases hospital but in 5 instances the diagnosis of whooping cough was not confirmed.

The incidence of whooping cough declined throughout the year. In the first, second, third and fourth quarters the number of cases notified was 513 ; 317 ; 208 ; and 84, respectively.

*Diarrhoea, Gastritis and Enteritis.* 19 deaths of infants under 2 years of age were recorded during the year compared with 22 during 1951. The death-rate per 1,000 births was 3·4 against 3·9 for 1951 ; 1·7 for 1950, and 5·3 for 1949. The total number of deaths at all ages from these diseases was 27, the death-rate per 1,000 of the population was 0·09. The death-rates for the previous 3 years were : 1951, 0·11 ; 1950, 0·07, and 1949, 0·12.



*Enteric Fever.* 1 case of para-typhoid "B" was notified : a boy aged 2 years, who was admitted to the infectious diseases hospital where the illness was subsequently diagnosed as being caused by Salmonella infection.

*Acute Poliomyelitis.* Of the 19 cases of poliomyelitis brought to notice, 14 were paralytic and 5 non-paralytic. 3 occurred in the second quarter ; 6 in the third ; and 10 in the fourth quarter. 15 of the patients were admitted to the infectious diseases hospital ; one was treated at the Western General Hospital ; one at the Victoria Hospital for Sick Children ; and 2 received treatment at home. 8 other persons were admitted to the infectious diseases hospital for observation as suspected cases of poliomyelitis, but the diagnosis was not confirmed. No death from acute poliomyelitis was recorded during the year. At the end of the year, 3 of the paralytic cases were reported to have recovered with no residual paralysis ; 8 were having treatment, or were under specialist observation at the orthopaedic clinic or local hospitals ; and one child had subsequently died from some other cause. In 2 cases, removed out of town, the condition could not be ascertained.

*Acute Encephalitis.* 2 cases of Post Infectious Encephalitis occurred. Both illnesses followed attacks of Measles ; one patient was admitted to the Victoria Hospital for Sick Children and the other was treated at home. 3 other patients were admitted to hospital for observation as suspected cases, but the diagnosis in each instance was not confirmed.

*Meningococcal Infection.* 6 cases occurred throughout the year. 4 of the notified persons were admitted to the infectious diseases hospital and 2 to the Victoria Hospital for Sick Children. 3 deaths from Meningococcal infection were registered. 37 suspected cases were admitted to the infectious diseases hospital for observation but were found not to be suffering from this disease.

*Dysentery.* 48 cases were notified throughout the year and 5 persons admitted to the infectious diseases hospital diagnosed as gastro-enteritis, were found to be suffering from dysentery. 8 of the notified cases were admitted to the infectious diseases hospital but subsequent correction of diagnosis was made in 4 instances. There were, therefore, 49 cases brought to notice compared with 149 during the previous year.

*Weil's Disease.* 4 cases of Weil's disease was known to have occurred during the year, and in 2 instances the attack proved fatal. 2 of the persons affected were fish dock workers, one was employed at the pumping plant at the local electricity generating station, and one was a clerk engaged by a transport agency. The circumstances at the homes and places of employment were investigated with a



view to tracing the source of infection and rodent operatives intensified their efforts, especially at the fish dock where rats are numerous, and at other places of possible water contamination. Rats and other specimens were submitted for bacteriological examination and in one instance leptospirochaetal infection was detected in rats from one location on the fish dock.

*Influenza.* There was no undue incidence of Influenza during the year. 9 deaths were registered compared with 54 in 1951 and 12 in 1950.

*Pneumonia.* 580 cases (11 Acute Influenzal and 569 Acute Primary) were notified throughout the year. 330 of these were admitted to the Castle Hill Infectious Diseases Hospital, Cottingham and 62 were found not to be suffering from pneumonia. 10 other patients admitted to the hospital for observation were eventually diagnosed as pneumonia. Amongst the 528 actual cases brought to notice 11 deaths occurred ; this is equivalent to a case mortality of 2.1 per cent. The total number of deaths from all forms of pneumonia registered during the year was 200.

*Malaria.* 3 cases of malaria were notified and admitted to hospital, but a corrected diagnosis was made in 2 of these cases. Another patient admitted to hospital for observation was found to be suffering from malaria. The disease had been contracted abroad in the 2 definite cases.

*Smallpox.* No case of smallpox was notified.

*Food Poisoning.* 11 notifications of cases, or suspected cases of food poisoning, were received during the year. All were instances of very mild illness. Investigation failed to elicit any particular article of food likely to be the causative agent, except on one occasion where 2 of the notified cases were involved, staphylococci entero-toxin was isolated from the food (tinned ham) eaten. Further enquiry revealed no contamination of other supplies of the same food at the place of purchase.

*Medical Examination of Suspected Infectious Cases.* The services of medical officers of the Health Department were available to general practitioners to assist in the diagnosis of suspected cases of infectious disease and 34 visits were made during the year for this purpose.

*Bacteriological Examinations.* Bacteriological work in connection with infectious diseases was carried out by the Public Health Laboratory Service at the laboratory in the City.

*Disinfecting Station.* A total of 224 baths, with disinfection of clothing, were given during the year.

2 school children and 16 adults received 41 baths followed by application of benzyl-benzoate for scabies.

160 verminous persons were deloused and 21 midwives who had been in contact with infectious disease had baths and their clothing disinfected. The total number of bedding, clothing, etc., disinfected was 18,466 ; 574 library books were fumigated and the disinfecting staff carried out fumigation of 744 premises.

2 ambulance personnel from an outside area, after conveyance of suspected cases of smallpox to the Castle Hill Infectious Diseases Hospital, Cottingham, were disinfected before making the return journey.

*Hospital for Infectious Diseases.* The Castle Hill Infectious Diseases Hospital and Sanatorium, which was transferred to the Leeds Regional Hospital Board on 5th July, 1948, is now administered by the No. 5 Hospital Management Committee, Hull (B) Group, and provides accommodation for cases of infectious disease and tuberculosis from the city.

During 1952, 1,037 residents of the City were admitted to an infectious diseases hospital. This number comprised mainly those suffering from infectious or contagious diseases ; a small number of pulmonary and non-pulmonary tubercular cases is included.

Owing to re-arrangement of the accommodation by the hospital authority, the number of beds available for infectious cases was reduced, and this resulted in many of the scarlet fever, measles and whooping cough patients having to be sent to hospitals at Bridlington, Scarborough, York, etc. This arrangement not only caused inconvenience and much longer ambulance journeys, but was unsatisfactory from the local health authority point of view.

There was an increase in the number of admissions as compared with the previous year, the figures being as follows :—

	1952		Total	1951
	Admitted Castle Hill Infectious Diseases Hospital	Admitted other Infectious Diseases Hospitals		Total
Scarlet fever ....	107	86	193	222
Diphtheria ....	11	—	11	16
Acute Poliomyelitis ....	15	—	15	6
Meningococcal infection ...	4	—	4	3
Whooping cough ....	37	18	55	88
Measles ....	49	56	105	60
Pneumonia ....	330	—	330	212
Dysentery ....	8	—	8	13
Other diseases ....	386	32	418	334
	947	192	1,139	954

The larger number of admissions to the accommodation provided at the Castle Hill Infectious Diseases Hospital for Pneumonia cases accounted mainly for the increase in the total ; more patients also were sent in for observation, or with a diagnosis of some non-notifiable condition. Under the heading of “other diseases” 218 were admitted as gastro-enteritis cases ; 112 of these being infants under 2 years of age. In 24 of the 218 cases, however, the illness was found to be due to some other cause.

*Acute Rheumatism.* The Acute Rheumatism Regulations, 1950, became effective in the City on the 1st October, 1950. These Regulations, which are operative for a period of three years, make compulsorily notifiable, in the areas of the local authorities mentioned, any case of Acute Rheumatism, as defined by the Regulations, in a person under 16 years of age.

During 1952, 18 cases were notified in accordance with the Regulations. Each case was investigated to ascertain that full advantage was being taken of the facilities available for treatment, and information, which is being collated by the Rheumatic Fever Committee of the Royal College of Physicians, was obtained on the clinical and social factors involved.



The following is a classification of the 18 cases reported :—

ACUTE RHEUMATISM REGULATIONS, 1952

CLINICAL CLASSIFICATION OF CASE NOTIFIED	AGE IN YEARS								TOTAL ALL AGES		TOTAL BOTH SEXES
	0-4		5-9		10-14		15 over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Rheumatic Pains and/or Arthritis without Heart Disease ....	—	—	2	1	2	1	—	—	4	2	6
Rheumatic Heart Disease (Active)											
(a) with Polyarthrititis ....	—	—	4	1	—	1	—	1	4	3	7
(b) with Chorea ....	—	—	—	—	—	—	—	—	—	—	—
Rheumatic Heart Disease (Quiescent) ....	—	—	—	—	—	—	—	—	—	—	—
Rheumatic Chorea (alone) ....	—	—	—	—	1	1	—	—	1	1	2
TOTAL Rheumatic Cases ....	—	—	6	2	3	3	—	1	9	6	15
Congenital Heart Disease ....	—	—	—	—	—	—	—	—	—	—	—
Other non-Rheumatic Heart Dis- ease or Disorder ....	—	—	—	—	—	—	—	—	—	—	—
Not Rheumatic or Cardiac Disease	—	—	1	—	1	1	—	—	2	1	3
TOTAL non-Rheumatic Cases ....	—	—	1	—	1	1	—	—	2	1	3

## TUBERCULOSIS

For this section of the Report much of the material has been supplied by Dr. R. Hardy, Consultant Chest Physician, whose services have been available to the Local Authority for the purposes of Section 28 of the National Health Service Act, 1946.

*Incidence and Mortality.* In the following table are given new cases and deaths arranged in age periods, respiratory and non-respiratory figures being shown separately.

### TABLE XXIII

#### NEW CASES AND MORTALITY

Age Periods	NEW CASES*						DEATHS					
	Respiratory		Non-Respiratory		Totals		Respiratory		Non-Respiratory		Totals	
	M.	F.	M.	F.	1952	1951	M.	F.	M.	F.	1952	1951
0- 1	—	2	—	—	2	—	—	—	—	—	—	—
1- 5	3	4	3	2	12	14	—	—	—	2	2	3
5-10	9	3	4	1	17	13	—	—	—	—	—	1
10-15	2	7	—	1	10	12	1	—	1	—	2	1
15-20	18	16	3	5	42	44	—	1	—	—	1	1
20-25	10	27	4	2	43	53	—	2	1	—	3	7
25-35	25	36	3	4	68	70	9	8	—	2	19	13
35-45	31	20	2	2	55	64	5	5	1	—	11	18
45-55	29	8	2	1	40	39	16	6	—	—	22	20
55-65	30	5	1	1	37	26	18	3	—	—	21	20
65 and over	8	5	1	—	14	27	8	5	—	—	13	16
1952	165	133	23	19	340	—	57	30	3	4	94	—
1951	187	132	20	23	—	362	61	32	4	3	—	100

\* Primary notifications and other new cases coming to the knowledge of the Medical Officer of Health.

In comparing data pertaining to the current year with those of former years, caution must be exercised since the table takes no account of fluctuating population, changes in age-distribution of the two sexes and other inconstant factors.

It will be seen from the table that there was a reduction of 22 in the number of new cases of tuberculosis discovered in 1952 compared with the previous year. The total of 298 new cases of respiratory tuberculosis is the lowest ever recorded in the City. The number of new cases of non-respiratory tuberculosis is one less than the figure for 1951.

The total of 94 deaths from all forms of tuberculosis during 1952 continued the downward trend of recent years, being 6 less than the total for 1951, and being also the first time since records were maintained that deaths from this disease have been under 100 in any one year in this City.

The reduction occurred in the deaths from respiratory disease, deaths from non-respiratory disease totalling the same as for 1951. So far as respiratory disease is concerned, female deaths in the age group 15-35 amounted to 37 per cent. of the total female deaths from phthisis, as compared with 31 per cent. in 1951, whilst the equivalent percentage for males was 16. The change of pattern noted last year has been maintained, therefore, in as much as once again more than half of the female deaths from respiratory tuberculosis occurred over the age of 35 years.

The improvement noted in 1951 in tuberculous mortality among young women (15-25 years) was also maintained during 1952, 3 deaths occurring in this age group as compared with 4 in 1951. In the same age group for males, only one death was recorded as against 4 in the previous year.

Details for 1952 and the five previous years are as follows:—

MORTALITY IN AGE PERIOD 15-25 IN 1952 AND PREVIOUS YEARS

Year	Respiratory		Non-Respiratory		Totals		Grand Total
	M.	F.	M.	F.	M.	F.	
1947	9	28	2	6	11	34	45
1948	9	23	1	6	10	29	39
1949	7	16	—	—	7	16	23
1950	6	19	1	2	7	21	28
1951	3	3	1	1	4	4	8
1952	—	3	1	—	1	3	4



*Death-rates.* The death-rate per 1,000 of the population in the case of respiratory tuberculosis was  $\cdot 291$  and for non-respiratory disease  $\cdot 023$ , giving a total death-rate of  $\cdot 314$  for all forms of tuberculosis. The death-rate for England and Wales in respect of all forms of the disease was  $\cdot 24$ .

Apart from a sharp rise during the 1914–18 war and a small increase noticeable during the earlier years of the last war, there has been a steady fall in tuberculosis mortality in England and Wales during the present century. A similar downward trend has occurred in Hull, although more irregularly, but at all times since 1908 the death-rates for the city have exceeded the comparable figures for England and Wales as a whole.

TABLE XXIV

Year	Deaths in Kingston upon Hull			Death-rate per 1,000 Population	
	Respiratory	Non-Respiratory	Total	Kingston upon Hull	England and Wales
1902	253	123	376	1·50	1·73
1912	297	108	405	1·43	1·36
1922	299	102	401	1·37	1·10
1932	253	66	319	1·01	0·83
1942	177	39	216	0·99	0·66
1948	174	26	200	0·68	0·51
1949	185	14	199	0·67	0·45
1950	129	18	147	0·49	0·36
1951	93	7	100	0·34	0·31
1952	87	7	94	0·31	0·24

*Tuberculous Meningitis.* During 1952 there were 3 deaths in which tuberculous meningitis was certified to be the principal cause. This is the lowest figure ever recorded in this City in respect of deaths from this disease, being one less than that recorded the previous year. The three patients who died during 1952 were one girl, aged 2 years, one boy, aged 12 years and a young woman aged 29 years. Tuberculous meningitis mainly affects children and adolescents and its incidence can be said to reflect the amount of uncontrolled tuberculous infectivity in the community.

*Notifications.* On the 1st May, 1952, the Public Health (Tuberculosis) Regulations, 1930, were superseded by the Public Health (Tuberculosis) Regulations 1952. In practice, no change occurred in the system of notification of persons suffering from tuberculosis, the new Regulations being designed to modify the previous provisions to accord with the structure and administration of the service now provided under the National Health Service Acts.

The formal notifications received by the Medical Officer of Health each year include some cases which have been notified previously, whilst, on the other hand, other cases are discovered which have not been the subject of formal notification. During the year, 352 formal notifications were received, but of these 54 were in respect of persons who had been notified previously as suffering from tuberculosis, leaving a total of 298 primary notifications of new cases ; 42 other new cases were discovered otherwise than by formal notification.

The following table shows the total number of new cases brought to light during the last 5 years :

YEAR	NEW CASES				TOTAL NEW CASES
	From Primary Notifications		On Information from Other Sources		
	Respiratory	Non- Respiratory	Respiratory	Non- Respiratory	
1948 ....	350	56	29	8	443
1949 ....	350	53	34	3	440
1950 ....	281	27	45	8	361
1951 ....	271	34	48	9	362
1952 ....	262	36	36	6	340

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930—SUMMARY OF NOTIFICATIONS

Age Periods	FORMAL NOTIFICATIONS											Total Notifications (i.e., including cases previously notified by other doctors)
	NUMBER OF PRIMARY NOTIFICATIONS OF NEW CASES											
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and up- wards	
Respiratory—												
Males ....	—	3	9	2	18	9	23	29	23	22	6	173
Females ....	2	4	3	6	14	26	32	18	8	4	1	135
Non-Respiratory—												
Males ....	—	3	4	—	3	3	3	2	1	1	1	24
Females ....	—	—	1	1	5	2	3	1	1	1	—	20
Total	2	10	17	9	40	40	61	50	33	28	8	352

SUPPLEMENTAL RETURN

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from the 1st January to the 31st December, 1952, otherwise than by formal notification.

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards	Total Cases
Respiratory—												
Males ...	—	—	—	—	—	1	2	2	6	8	2	21
Females ...	—	—	—	1	2	1	4	2	—	1	4	15
Non-Respiratory—												
Males ...	—	—	—	—	—	1	—	—	1	—	—	2
Females ...	—	2	—	—	—	—	1	1	—	—	—	4
Total	—	2	—	1	2	3	7	5	7	9	6	42

SOURCE OF INFORMATION	No. OF CASES	
	Respiratory	Non-Respiratory
Death Returns { Transferable Deaths from Registrar General	19	5
	—	—
	6	—
	1	—
	10	1
Posthumous Notifications	36	6
Transfers from other areas (other than transferable deaths)		
Other sources		



*Examination of Contacts.* The following table shows the number of new contacts examined by the Medical Officers of the Chest Clinics during 1952 and previous years :—

<i>Year</i>						<i>No. of Contacts</i>
1948	....	....	....	....	....	414
1949	....	....	....	....	....	527
1950	....	....	....	....	....	561
1951	....	....	....	....	....	522
1952	....	....	....	....	....	583

Of the 583 contacts in 1952, 1 was found to be definitely tuberculous at the first examination and 8 were diagnosed later ; 251 were considered to be non-tuberculous at the first examination and 313 subsequently ; the other 10 were still under observation at the end of the year.

*Chest Clinics.* The No. 5 Hull (B) Group Hospital Management Committee maintains two Chest Clinics in the City to deal with patients resident within Kingston upon Hull and the adjacent area of the East Riding. So far as Hull is concerned, the Local Authority's Tuberculosis Health Visitors are based at the Chest Clinics and work under the direction of the Consultant Chest Physician.

The following details for 1952 and previous years relate only to Hull patients under the care of the Chest Clinics :—

<i>Year</i>					<i>Number of Cases on Register 31st December</i>	<i>Examinations</i>	<i>Total Home Visits by T.B. Health Visitors</i>
1948	....	....	....	....	1,440	8,237	10,391
1949	....	....	....	....	1,477	8,048	10,436
1950	....	....	....	....	1,479	7,817	10,232
1951	....	....	....	....	1,545	8,258	9,450
1952	....	....	....	....	1,596	8,776	8,536

*Isolation of Infectious Cases.* The Public Health Act, 1936, Section 172, provides for the compulsory removal to hospital of infectious cases of pulmonary tuberculosis who cannot be isolated properly at home. No legal action has been necessary under this section.

*After-Care and the Provision of Extra Nourishment.* During 1952, 161 applications were received from tuberculous patients in respect of services provided under Section 28 of the National Health Service Act, 1946. The decisions of the Care Sub-Committee were as follows :—

<i>Service</i>						<i>Granted</i>	<i>Not Granted</i>
Clothing	....	....	....	....	....	17	8
Extra Nourishment			....	....	....	80	11
Nursing Requisites			....	....	....	45	—

At the end of the year 96 patients were in receipt of a free supply of milk, compared with 63 at the end of 1951, whilst over the whole year the total amount of milk provided free to tuberculous patients was approximately 6,755 gallons, being double the amount provided in 1951.

*Motor-car Watchers Scheme.* Under Section 28 of the National Health Service Act, 1946, the Corporation continued to operate this Scheme as part of the after-care services for tuberculous persons, and the open-air work has been of great value in recuperation and in rehabilitation.

In addition to the attendants who had transferred to the Corporation from the voluntary committee, other tuberculous persons were employed at regular parking places for cars, cycles and transport vehicles in the City and, as arranged with the City Treasurer, at special functions on request.

*Mass Radiography.* During 1952 the Hull Unit (2C of the three Regional M.M.R. Units) worked in the East and North Ridings, York, Beverley and Hull, under its Medical Director, Dr. L. Robinson, who was succeeded in office by Dr. R. J. Posner in July, 1952.

The Unit was based at the Ex-Hull and Sculcoates Dispensary premises, Baker Street, from January to April, when it moved into the East Riding and then to the North Riding and York areas, returning to Hull in November. The surveys included one covering three Hull docks, when about 2,000 workers volunteered for chest X-ray examination, out of whom 60 were found to have some chest abnormality. School-leavers and other priority groups were examined ; General Practitioners' sessions, of which only 4 could be arranged, continued to provide an excellent means of case-finding. 700 General Practitioners' nominees were examined and the number of cases of active pulmonary tuberculosis found was 25, which represents a rate per thousand (36) ten times higher than that found in routine surveys of the general population.



During the five months in which the Unit operated in the City, 21,731 persons were X-rayed, compared with 21,584 examined during the remaining seven months of the year, when the Unit was moving about the County, mainly engaged in rural surveys. It is thought that Hull should have a static unit based in the City throughout the whole year. More time could thereby be spent in examination of selected industrial and other groups, including General Practitioners' nominees which have proved to be such a fruitful source of finding previously undetected pulmonary tuberculosis.

At present, Mass Radiography covers only about 6% of the City's population each year, a limitation that is necessarily enforced by circumstances. It is all the more important, therefore, to select groups for examination who are at special risk either due to their age, trade, vocation, to the conditions of their work, or to other causes. Among groups in whom the incidence of lung disease found by radiography is low are scholars, Local Authority and Hospital Management Committee staffs, civil servants, etc., whereas in other groups—patients in Mental Institutions, members of the public who attend at Public Sessions, General Practitioners' nominees and certain industrial workers—the incidence is relatively high. Careful consideration of the selection of groups is therefore required in order to contrive the maximum case-finding, using the same expenditure of effort and money. The wisdom is doubtful, for instance, of offering annual or biennial X-ray examination to the groups above-mentioned in whom lung disease is found to be rare, especially in age groups over 35. Many in these age-groups turn up for examination year after year; cases in which a chest abnormality has developed since the date of a previous chest X-ray examination are extremely few. Persons in the middle-age groups in the categories mentioned above should be discouraged from volunteering for X-ray more than once.

In the year's work of the Unit, 43,415 persons were X-rayed, of whom 142 were found to have active pulmonary tuberculosis requiring treatment, giving a rate of 3·28 per 1,000, which closely approximates the national rate.

*B.C.G. Inoculation against Tuberculosis.* The use of B.C.G. vaccine on a limited and controlled scale was introduced in Great Britain during 1950. In that year the Ministry of Health completed arrangements for the required quantities of B.C.G. to be imported weekly from the laboratory engaged in its production in Copenhagen.

The scheme sponsored by the Ministry for using B.C.G. was designed :—

1. to offer vaccination to hospital nursing and ancillary staffs and to medical students, i.e., those at special risk of exposure to infection, professionally,



2. to provide, on request, B.C.G. to those chest physicians who wished to use it for vaccination of familial "contacts" of phthisis, or of others exposed to known infection in the home, at school, or at work.

The latter use of the vaccine by chest physicians falls within the ambit of their work under the Local Health Authorities, being part of the preventive service for which those Authorities are responsible under Section 28 of the National Health Service Act, 1946.

Only those in the above groups who fail to react to preliminary skin-testing by tuberculin ("tuberculin negatives") are candidates for inoculation. They may be regarded as persons who have not hitherto met with or contracted tuberculous infection and who, in consequence, have not developed "acquired immunity". Immunity conferred by B.C.G. is not absolute, but it is believed that it will suffice to protect 4 out of 5 children exposed to risk from contracting any of the more serious types of the disease.

During 1952, 114 persons received B.C.G. vaccination, most of whom were infant and child "contacts" in families of which one or more members were found to have pulmonary tuberculosis. Vaccination was offered as a routine to all young contacts but the parents of about 1 in every 4 families declined vaccination for their children. Of children for whom vaccination was desired by the parents, 3 out of 5 were already "positive" reactors to tuberculin skin-test and thus did not need B.C.G. Vaccination was successful in all subjects, as determined by the local reaction and the result of a post-vaccination skin-test done at the end of eight weeks.

No serious ill effects occurred as a result of inoculation. Apart from a small ulcer on the skin accompanied by transitory swelling of the regional lymphatic glands, both of which were the rule rather than the exception in young children, and healed or subsided in 2-3 months, no other effects were noted.

The Ministry of Health has advised that children to be vaccinated should be segregated for six weeks before and six weeks after inoculation. In Hull this has not been possible under the prevailing housing conditions, but we have acted on the belief that it is better to vaccinate without segregation than not to vaccinate at all. There is no justification, however, for neglecting segregation where it is possible, and if B.C.G. is to be used more widely and its present use accelerated, it will be essential to provide 6-10 "places" each quarter in Hull for segregation of children, both to ensure safety for the individual child and to maintain the good repute of the vaccine.

*Domiciliary Treatment of Tuberculosis.* In areas where Chest Clinics are suitably equipped and adequately staffed, chest physicians are now treating

selected patients at home, with brief admissions to Hospital or Sanatorium for episodes of treatment not possible at home. A scheme of combined domiciliary and institutional treatment of this kind involves extra work and effort on the part of the Chest Clinic staffs, and requires the help afforded by the Local Health Authority in providing Home Helps, nursing accessories, beds and bedding, disinfectants, etc. In Hull such a scheme has been possible, hitherto, on a small scale.

During 1952, "collapse" treatment was instituted at the Chest Clinic in 4 patients who were visited subsequently for the giving of "refills", sometimes for as long as six months at weekly or fortnightly intervals, or until the patient could attend or be brought by car to the pneumothorax clinic when the acute phase of the illness had terminated.

As well as domiciliary "collapse" treatment, mention must be made of the invaluable work done by the Hull Jubilee District Nursing Service whose nurses visit, on a doctor's request, those home-bound tuberculous patients who need injections of antibiotic drugs. In the past year or two many hundreds of domiciliary visits have been carried out by the Nurses for this purpose alone ; at any one time, some 15 to 20 patients in the City are under current treatment of this kind in their own homes, the minimum course consisting of daily injections over a period of six weeks.

*Sanatorium Admissions and Waiting Lists.* In 1952, 202 Hull patients were admitted for treatment to Tuberculosis Sanatoria or Hospitals. At the end of the year, 33 women and 40 men were on the waiting list for admission. No children were waiting. The number of children needing treatment in Sanatoria is fortunately few, and it is possible under the Regional Admission Scheme to admit them with little or no delay.

The adult waiting list is divided into three categories of priority ; the average waiting period for those in the 1st and 2nd priority groups is respectively 10 weeks and 15 weeks, whilst patients in the 3rd group wait, on the average, 20 to 24 weeks before admission. On the other hand, where medical or social need is paramount, patients can be admitted within a few days or weeks ; in the case of urgent medical need or in an emergency, it has been possible to admit several patients within a few hours, as two "emergency" beds are constantly free in one of the local group of Sanatoria.

The Sub-Regional bed-bureau, conducted at the Coltman Street Clinic, arranges all admissions of tuberculous patients domiciled in the East Riding, York and parts of the West and North Riding areas, as well as in Hull. Its day-to-day waiting list contains the names of 150-170 patients, about half of whom, at any

one time, are residents of Hull. The bed-bureau has access to 460 beds (approximately) for the treatment of tuberculosis, 370 being in the relatively nearby County area or in Hull.

*Rehabilitation—Special Remploy Factory.* This factory continued with success its work of rehabilitation during 1952, and the number of men and women working on the 31st December had risen to 101. Since the Factory opened in February, 1949, 170 workers have been employed, some temporarily, later passing on to other work or vocational training outside.

The Factory may employ not only patients domiciled in Hull but also those living in the environs of the City ; but during 1952, only 2 employees were actually resident outside the City boundary.

During the year, the health of the workers was satisfactory on the whole, the relapse rate was not excessive, while morale and team-spirit were on a high level, as in previous years.



## DISEASES OF SPECIAL INTEREST INCLUDING THOSE WITH A HIGH FATALITY RATE

### CANCER

Cancer was the cause of 623 deaths in 1952, compared with 578 in 1951 and 550 in 1950, the death-rates being respectively 2·08, 1·94 and 1·82 per 1,000 of the population. Particulars as to the principal sites of the disease in the 623 fatal cases which occurred during 1952 will be found in Table XXVI on page 195. Mortality from cancer has generally, with few exceptions, shown an upward tendency, but it must be borne in mind that modern methods of diagnosis have secured much greater accuracy in statistics of the incidence of this disease.

### HEART DISEASES

These diseases were the cause of 1,001 deaths compared with 1,050 in 1951 and 1,055 in 1950 the death-rates per 1,000 of the population being 3·4, 3·5 and 3·5 respectively. 771 of the deaths were of people of 65 years and over. Heart diseases were the cause of 30 per cent. of the total deaths during 1952.

TABLE XXVI—PRINCIPAL SITES OF FATAL CANCER, 1952.

SITE OF DISEASE		AGE GROUP					Totals	Grand Totals
		0-20	20-40	40-60	60-80	Over 80		
Buccal Cavity and Pharynx	M.	1	—	2	2	2	7	11
	F.	—	—	1	3	—	4	
Digestive System and Peritoneum	M.	—	—	26	96	18	140	248
	F.	—	1	26	63	18	108	
Respiratory System	M.	—	3	50	63	—	116	139
	F.	—	2	5	15	1	23	
Uterus	F.	—	1	13	17	2	33	33
Other Female Genital Organs	F.	1	1	9	10	1	22	22
Breast	M.	—	—	1	—	—	1	54
	F.	—	—	17	32	3	53	
Male Genital Organs	M.	—	2	2	18	3	25	25
Urinary Organs	M.	1	—	10	19	2	32	38
	F.	—	—	1	5	—	6	
Skin (scrotum excepted)	M.	—	—	—	—	—	—	1
	F.	—	—	—	1	—	1	
Brain and other parts of the nervous system	M.	—	2	5	—	—	7	10
	F.	1	—	2	—	—	3	
Other or Unspecified Organs	M.	2	1	9	8	2	22	34
	F.	—	1	5	6	—	12	
Total	M.	4	8	105	206	27	350	615
	F.	2	7	79	152	25	265	

N.B.—These figures have been compiled locally and may not agree with those of the Registrar-General which have been used elsewhere in this Report.

## VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM

Diseases included in this classification, chiefly cerebral thrombosis or cerebral haemorrhage, were the causes of death in 380 cases, or 1·3 per 1,000 of the population. This compares with 394 deaths in 1951 or a rate of 1·3. Of the 380 deaths, 129 occurred in persons of 65 to 74 years of age, and 162 in persons of 75 years and over.

## BRONCHITIS

There were 220 deaths from bronchitis compared with 271 in 1951 and 225 in 1950. The death-rates per 1,000 of the population were respectively 0·7, 0·9 and 0·74. The total death-rate in 1952 from non-tuberculous respiratory diseases, mainly bronchitis and pneumonia (including 5 deaths from pneumonia of infants under 1 month), was 1·5.



POPULATION AND BIRTH  
AND DEATH-RATES, ETC.,  
FOR THE WHOLE CITY

POPULATION (ADJUSTED) ... 299,400

Birth-rate ... 18.57

Death-rate ... 11.1

Infantile Mortality ... 39.75

Estimated Population per acre ... 20.74

SKETCH PLAN  
CITY AND COUNTY OF KINGSTON UPON HULL.  
SHOWING IN MUNICIPAL WARDS FOR  
1952.

- BIRTH-RATE per 1,000 of POPULATION.
- DEATH-RATE per 1,000 of POPULATION.
- INFANTILE DEATH-RATE per 1,000 Births.
- ESTIMATED POPULATION PER ACRE.





SCHOOL HEALTH SERVICE

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REPORT OF THE  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1952





## KINGSTON UPON HULL EDUCATION COMMITTEE

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*Chairman—*

Alderman D. C. LISTER, J.P.

*Deputy-Chairman—*

Councillor J. G. E. TESKEY-KING.

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### **Schools Services Sub-Committee.**

*Chairman—*

Alderman F. HOLMES.

*Deputy-Chairman—*

Councillor J. G. E. TESKEY-KING.

Alderman J. G. HEWETT, J.P.

Alderman J. LAWSON,

Alderman D. C. LISTER, J.P.

Councillor H. W. ANDERSON.

Councillor H. J. BARNEY.

Councillor (Mrs.) E. BEECROFT.

Councillor O. W. HOLLAND.

Councillor E. KIRKWOOD.

Councillor J. T. P. NOBLE.

Councillor (Mrs.) N. PARKIN.

Councillor J. W. SMITH.

Mrs. F. D. SMITH.

Mrs. L. BELL.

Mr. F. O. DUNN.

The Rev. Canon F. HOPE SCOTT.

Mrs. A. THOMPSON.

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*Chief Education Officer—*

S. W. HOBSON, M.A.

# STAFF OF SCHOOL HEALTH SERVICE

## at 31st December, 1952

**Medical Officer of Health and School Medical Officer**  
VACANT

**Senior Medical Officer (School Health Service)**  
VACANT

### Medical Officers regularly employed in the Service

#### *Assistant Medical Officers of Health :*

SAMUEL KLINGER, M.D. (Vienna)  
ISABEL M. McCULLOUGH, L.R.C.P. and S. (Ireland)  
GEOFFREY R. WALKER, M.B., Ch.B., D.P.H., D.T.M.  
ELIZA J. CARSON, M.B., B.Ch., B.A.O.  
JOSEPH TONG, L.M.S.S.A., C.P.H.  
CHRISTINE N. R. CINCIO, M.B., Ch.B.  
JEAN M. BARROWMAN, M.B., Ch.B.  
MARY P. FLEMING, M.B., B.Ch., B.A.O., D.P.H., D.C.H., B.Sc.

### Specialist Officers (Services provided by Regional Hospital Board)

Ophthalmic Section : K. DEAN FOGGITT, M.B., Ch.B., D.O., D.O.M.S.  
Orthopaedic Section : J. S. MAXWELL, M.B., Ch.B., F.R.C.S.  
R. C. TATHAM, F.R.C.S., L.R.C.P.  
Aural Section : R. R. SIMPSON, M.B., Ch.B., F.R.C.S.  
Rheumatism and Heart Section : D. C. MUIR, M.D., F.R.C.P.  
J. W. BROWN, M.D., F.R.C.P.  
Pædiatric Section : T. MORTON J. STEWART, M.D., D.C.H.

### Dental Officers

Senior Dental Officer : (Vacant)  
LLOYD B. WILSON, L.D.S. ANNIE P. FARRELL, B.D.S.

### Child Guidance Clinic

*Psychiatrist* : JOHN MACKAY, M.D., D.P.M.  
*Educational Psychologist* : G. F. REED, M.A., A.B. Ps.S.  
*Social Worker* : Mrs. M. AITKEN

### Speech Therapy Clinic

Speech Therapist : T. R. FRANCIS, L.C.S.T.

### Chiropody Clinics

Miss A. CLAPPISON, M.Ch.S. W. A. CRANSWICK, M.Ch.S. Miss J. HORTH, M.Ch.S.

### Nursing Staff

*Superintendent* : Mrs. E. T. BASS

Miss L. C. BOLTON	Miss O. DEWSON	Mrs. G. R. E. WEBSTER
Miss J. L. A. BLOOMFIELD	Mrs. J. M. AUSTIN	Mrs. A. WHITEHOUSE
Miss G. WILLIAMS	Mrs. R. M. WASLING	Miss A. S. COOK
Miss A. BENNETT	Mrs. E. OADES	Mrs. D. JEEVES
Mrs. O. SMITH	Mrs. M. M. M. BUCKLAND	Miss J. M. STOREY
Miss F. BEGBIE		

### Park Avenue Special School Staff

*Superintendent Physiotherapist* : Miss M. R. K. JARRATT, M.C.S.P.

### Orthopaedic Clinic Staff

*Physiotherapist* : Miss I. M. MATSON, M.C.S.P.

### Dental Attendants

Miss H. ROBINSON Miss D. A. MILLBANK Miss N. HAINES

### Special Visitor

Cleanliness : Mrs. O. L. SHEARSMITH

### Clerical Staff

W. H. NELSON, *Senior Clerk*.  
R. C. GRANT.

Miss A. B. DRAKE	Miss M. BATEMAN	Miss K. M. MARSHALL
Miss G. M. ROEDER	Miss A. DICKINSON	Miss P. BEMROSE
Miss M. ATKINSON	Miss J. M. CALVERT	Miss P. A. SCOTT
Miss P. M. ROBERTSON	Miss M. ROBINSON	Miss G. McNEILL
Miss J. M. COATES	Miss S. RHODES	Miss M. DARNELL



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# CITY OF KINGSTON UPON HULL

## GENERAL INFORMATION.

	1952	1951
Population (estimated) ....	299,400	298,100
Maintained Primary and Secondary Schools—		
Number of Schools ....	78	77
Number of Departments ....	151	149
Number on Rolls ....	49,728	48,623
Maintained Special Schools—		
Number of Schools ....	6	6
Number on Rolls ....	589	585
Cost of School Health Service—	1951-52	1950-51
Total Cost ....	£32,245	£27,872
Government Grant ....	£19,347	£16,723
Cost to Rates ....	£12,898	£11,149
Cost in terms of a Penny Rate ....	1.76d.	1.53d.

## SUMMARY OF WORK.

A. Medical Officers at Schools—	1952	1951
Periodic inspections at Primary, Secondary and Special Schools ....	13,213	13,978
Special inspections at Primary, Secondary and Special Schools ....	35	7
Re-inspections at Primary, Secondary and Special Schools ....	2,133	1,981
Inspections at Occupation Centre....	33	28
B. Medical Officers and Specialists at Clinics—		
Inspections at Clinics ....	11,859	10,849
Re-inspections at Clinics ....	15,830	14,294
Inspections under Employment of Children Bye-laws ....	969	890
Miscellaneous ....	360	323
C. Dental Officers—		
Periodic inspections at Schools ....	830	1,038
Special inspections ....	5,709	5,885
Attendances for treatment ....	11,654	11,849
D. Nurses, Speech Therapist, Chiropodists, Assistant Visitor, etc.—		
Visits to Schools ....	3,185	3,123
Examinations (including cleanliness inspections) in Schools	174,017	188,659
Visits to homes ....	32,847	21,389
Treatments of minor ailments in Clinics ....	79,952	79,299
Treatments of minor ailments at Special Schools ....	8,515	10,515
Treatments of orthopædic defects in Clinics ....	4,175	3,324
Treatments of orthopædic defects at Special Schools ....	2,100	3,855
Treatments of Speech Defects in Clinics ....	2,323	2,578
Treatments of Chiropody defects ....	2,013	82
E. School Clinics—		
Grand total of inspections and treatments as detailed above	130,148	123,406

*To the Chairman and Members  
of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMAN,

I have the honour to submit the report upon the work of the School Health Service in the City and County of Kingston upon Hull for the year ended 31st December, 1952. In the statistical tables, which have been prepared in the form approved by the Ministry of Education, it will be seen that during the year more children were dealt with by the Service than in the previous year. This was due to the ever increasing enthusiasm of the School Health Service.

On perusal of the statistics one very pleasant feature is the large number of children who have been immunised or have received reinforcing injections for the prevention of diphtheria. The results of the immunisation campaign are reflected in the fact that only 3 cases of suspected diphtheria were notified during the whole year and in no case was the diagnosis confirmed. It is most essential that a high percentage of all children should be immunised if the good results which have already been achieved in this field are to be maintained.

The Foot Clinic which was commenced during last year has expanded and has kindly given treatment to some mothers referred to the Clinic from the Maternity and Child Welfare Service.

Unfortunately recruitment for the Dental Service has produced no results. Negotiations are taking place for the employment of General Practitioner Dentists in the School Clinics but so far with no result. It is essential that this service is maintained and every effort must be made to ensure that it is.

I am indebted to Dr. Mackay for his most useful report on the Child Guidance Service and also to Mr. Francis for his report on the working of the Speech Therapy Clinic.

Arrangements for the out-patient treatment of cases of cerebral palsy have been made at the clinic at Park Avenue Special School. This clinic provides most excellent service for these unfortunate children and is greatly appreciated.



During the year Dr. Gebbie retired. He had served as School Medical Officer for 21 years and had built up this Service so that now the School Health Service in Hull is one of the pre-eminent School Health Services in the Country. That this is so comes as no surprise to the members of the Corporation and to many of his colleagues for no later than 1952 when writing in his Annual Report on the Health of the City for 1951, Dr. Gebbie stated " In the advice I have given to the Health, Education and Welfare Authorities over the years and in the work to which I have set my hand, the children have always come first ".

Dr. Gebbie has retired but the work which he started goes on.

During the year also, Dr. Orr retired from the School Health Service to take up General Practice in the City. He had been Senior Assistant Medical Officer of Health, School Health Service, for the past two years during which time he rendered excellent service and co-operated most excellently with all the other branches of the Health Department.

Mr. S. W. Hobson, Chief Education Officer, has co-operated loyally in the work of the School Health Service and to him and his staff my thanks are due.

In conclusion I should like to take this opportunity to thank the members of the staff for their unflagging efforts which have produced the excellent figures recorded in this Report and the Chairman and members of the Education Committee and of the Schools Services Sub-Committee who have on all occasions taken a keen interest in the School Health Service.

I have the honour to be,

Your obedient Servant,

ALEXANDER HUTCHISON,

*School Medical Officer.*

Health Department,  
Guildhall, Kingston upon Hull,  
March, 1953.

## INTRODUCTORY

During October, 1952, both the School Medical Officer (Dr. Nicolas Gebbie) and the Senior Assistant Medical Officer of Health (Dr. C. Warden Orr) left the service of the Authority, the former on retirement and the latter to take up private practice in the City. Their successors, Dr. Alexander Hutchison and Dr. A. M. R. Cann, did not commence until January, 1953.

One of the assistant medical officers left in September, 1952, and no successor had been appointed up to the end of the year.

In consequence, the medical staff of the service was considerably below strength during the last quarter of the year, being reduced to the equivalent of 3·1 whole-time officers.

Three members of the staff retired on superannuation during the year—Nurse L. C. Bolton after 36 years' service, Mrs. L. M. Spink, Cleanliness Visitor, after 32 years, and Miss M. M. Hunt, Clerk, after 37 years. In each case, the Education Committee passed a resolution in appreciation of their long and faithful service.

The position with regard to dental officers has not changed during the year. Efforts to obtain a Senior Dental Officer and additional dental officers were not successful, and the staff remained at two throughout the year. These efforts will be continued during 1953 and the possibility of the appointment of dental practitioners on a part-time basis and the employment of local dental mechanics to carry out the making of dentures and orthodontic appliances will also be explored. It still remains a fact that the Authority cannot carry out its obligations under the Education Act as regards school dentistry.

A proposal to establish a Cerebral Palsy Clinic at the Park Avenue Special School was submitted to and approved by the Committee in July, 1952. At this clinic children with this distressing condition, which produces severe disability of limbs and speech, are seen by the Paediatrician at an early age with a view to giving advice to the parents and arranging treatment by the Physiotherapist and Speech Therapist. If necessary the children are also referred to other consultants.

In order to lessen the incidence of Ringworm of the Scalp among school children, arrangements were made during the year with a Consultant Physician

for suspected children to be referred as priority cases to the Skin Department at the Royal Infirmary for a definite diagnosis. The Consultant reports his findings to the School Health Service and either undertakes treatment, by X-rays or otherwise, or recommends treatment to be carried out at school clinics. All suspected children are excluded from attendance at school either until the infection is disproved or in confirmed cases until the children are reported by the Consultant as fit for school after treatment. In each confirmed case of Ringworm of the Scalp, a School Nurse examines other child contacts in the family and also in the child's class at school.

During the year the Senior Assistant Medical Officer of Health attended a course on Epilepsy organised by the British Epilepsy Association, and a refresher course dealing mainly with the problem of handicapped pupils organised by the Society of Medical Officers of Health. One assistant medical officer attended the University of London course on Educational Subnormality and Mental Deficiency. Two school nurses attended a Royal College of Nursing refresher course for public health nurses.

## I.—STAFF

1. Details of the staff employed in the School Health Service on the 31st December, 1952, are printed on page 200.

The number of sessions devoted by medical officers to work in the School Health Service was maintained at the equivalent of the service of five whole-time medical officers from January to March, 1952. From July to September it was reduced to 4  $\frac{10}{11}$ ths, but subsequently, owing to the resignations of the senior assistant and one assistant medical officer the number fell to 3  $\frac{1}{11}$ ths only at the end of the year.

No addition to the dental staff was made during the year.

There were a number of changes during the year among the nursing and clerical staff but the numbers employed have not altered.

No appointment was made during the year in the place of the part-time physiotherapist employed at the Park Avenue School who left at the end of 1951, but one has been engaged to commence duty in January, 1953.



## II. CO-ORDINATION

2. The Scheme providing for the interavailability of clinic services between various sections of the Public Health Service continued throughout the year. Reference to the work is made in various tables in this report.

3. During the year the services of the Committee's Chiropody Clinics were extended to expectant and nursing mothers and children under five years of age.

4. The speech therapist continued to attend for one session weekly at the Children's Hospital for the treatment of children under school age. He also continued the evening clinics for adults under the auspices of the Hospital Management Committee.

### Services provided for School Health Service

Service	Cases	Attendances
Artificial Light Treatment :—		
(a) At West Hull Clinic (M. & C.W.) ....	74	1088
(b) At East Hull Combined Clinic ....	133	1461
(c) At North Hull Combined Clinic ....	70	1153
(d) At Sykes Street, Clinic (M. & C. W.) ....	39	440
Orthopædic Clinic (East Hull) ....	33	1176
X-Ray Examinations ....	132	145

# SERVICES PROVIDED BY THE SCHOOL HEALTH SERVICE

SERVICE	Children under 5 years		Nursing and Expectant Mothers		Occupation Centre		Children's Homes		Totals	
	Cases	Attend.	Cases	Attend.	Cases	Attend.	Cases	Attend.	Cases	Attend.
Minor Ailments Treatment ....	621	2873	—	—	20	176	—	—	641	3049
Dental Treatment ....	517	684	220	616	10	15	64	144	811	1459
Orthopædic Clinic ....	28	64	—	—	1	2	—	—	29	66
Ophthalmic Clinic ....	213	348	—	—	4	4	1	1	218	353
Aural Clinic ....	42	48	—	—	5	6	—	—	47	54
Rheumatism and Heart Clinic ....	12	12	—	—	1	1	—	—	13	13
Chiropody Clinics ....	3	5	—	—	—	—	—	—	3	5

III.—MEDICAL INSPECTION

5. Figures relating to inspection are to be found in the Statistical Tables at the end of this Report.

In addition, 69 individual inspections were carried out at Hymers College (direct grant secondary school) and 33 at the Local Health Authority's Occupation Centre.

IV.—FINDINGS OF MEDICAL INSPECTION

6. Statistics relating to various defects are printed in Tables Ic, IIA and IIB. Most of the " Special Inspections " refer to children attending clinics.

Uncleanliness

7. The Authority's scheme for the examination and cleansing of infested pupils embodies the requirements of Section 54 of the Education Act, 1944. Statistics are printed in Table III.

Legal proceedings were instituted against one parent and a fine of 10s. was inflicted in respect of each of two children.

The number of individual children found in an unclean condition in 1952 was 5,318 as compared with 4,944 in 1951 and 6282 in 1950 ; the percentage was 10·6 in 1952, compared with 10·0 in 1951 and 13·2 in 1950.

Cleanliness Inspections—Total—158,226.

Findings				Individual Children	Percentage of School Roll
Nits present, but no vermin seen				4695	9·3
Vermin present				236	0·5
Dirty but no nits or vermin				387	0·8
Total				5318	10·6

Tuberculosis

8. The findings of the Chest Physician in cases referred by the School Health Service are shown below.

Number of referred children who attended the Chest Clinics	....	38
Cases of definite Pulmonary Tuberculosis	....	—
Cases of definite Non-Pulmonary Tuberculosis	....	—
Suspected cases to be kept under observation	....	2
Cases not suffering from Tuberculosis	....	36



### **Dental Defects**

9. The number of children inspected in the periodic age groups during the year was again very small due to the continued shortage of dental officers.

### **Defective Vision**

10. In connection with the surveys by school nurses during the year, 59 visits were paid to schools, 4,004 children were inspected, of whom 344 were referred direct to the Ophthalmic Consultant. In addition, 11 children were referred to medical officers for opinion, and of these, 6 were referred to the Consultant. 251 children were inspected by the Consultant and glasses were prescribed in 167 cases.

### **Foot Defects**

11. The chiropodists paid 24 visits to schools and inspected 3,158 children. Of these, 697 were referred for treatment by the chiropodists at the clinics and 48 other children were referred for other forms of treatment.

## **V.—FOLLOWING-UP**

12. The number of visits paid to homes in connection with preparation for medical inspection, following-up of children with defects and in connection with the Cleanliness Scheme was 32,847.

## **VI.—ARRANGEMENTS FOR TREATMENT**

13. Arrangements for the treatment of cases of Cerebral Palsy have been made in the form of an out-patient clinic at the Park Avenue Special School.

14. Treatment of minor ailments continue to be carried out at the following day special schools: School for Physically Handicapped Pupils, three sessions per week; School for Educationally Sub-normal Pupils, three sessions per week; Open Air School, 10 sessions per week.

15. Reports by certain specialists officers will be found on pages 217 and 219.

16. Various tables relating to work in school clinics are printed below.

WORK DONE IN SCHOOL CLINICS, 1952.

WORK UNDERTAKEN	CENTRAL CLINIC		WEST CLINIC		EAST HULL CLINIC		NORTH HULL CLINIC		AINTHORPE GROVE CLINIC		HOPEWELL ROAD CLINIC		SUMMARY					
	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	New Cases	Total Attend.	School Cases		Non-School Cases		New Cases	Total Attend.
													New Cases	Total Attend.	New Cases	Total Attend.		
Inspection Work :—																		
1. Minor Ailments and General	3223	4920	3268	5883	2850	4689	1298	2318	334	355	387	440	10884	17755	476	850	11360	18605
2. Orthopaedic	93	228	—	—	—	—	31	65	—	—	—	—	95	227	29	66	124	293
3. Refractions	1020	1257	1018	1168	885	1059	243	274	—	—	—	—	2949	3406	217	352	3166	3758
4. Aural	253	367	422	441	334	367	156	163	—	—	—	—	1118	1284	47	54	1165	1338
5. Rheumatism and Heart	68	122	—	—	48	70	—	—	—	—	—	—	103	179	13	13	116	192
6. Paediatric	131	414	—	—	48	163	—	—	—	—	—	—	179	576	—	1	179	577
7. Educational	138	249	17	33	27	43	4	6	—	—	—	—	186	331	—	—	186	331
8. Subnormality	72	72	—	—	—	—	—	—	—	—	—	—	71	71	1	1	72	72
9. Child Guidance	187	411	—	—	—	—	—	—	—	—	—	—	187	409	—	2	187	411
10. Speech Therapy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Employment	247	247	315	315	242	242	151	151	10	10	4	4	969	969	—	—	969	969
11. Cases	123	123	138	143	75	75	13	13	2	2	4	4	87	87	268	273	355	360
11. Miscellaneous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Treatment Work :—																		
1. Minor Ailments (including Aural)	3303	24949	3051	20789	3071	14553	1216	8076	2236	5862	1614	5723	13850	76903	641	3049	14491	79952
2. Dental	1425	2445	1731	3139	2623	4272	1053	1798	—	—	—	—	6021	10195	811	1459	6832	11654
3. Orthopaedic	139	3230	39	289	—	—	67	656	—	—	—	—	245	4175	—	—	245	4175
4. Child Guidance	72	1833	—	—	—	—	—	—	—	—	—	—	71	1813	1	20	72	1833
5. Speech Therapy	55	2323	—	—	—	—	—	—	—	—	—	—	54	2299	1	24	55	2323
6. Chiropody	307	617	154	350	166	383	397	663	—	—	—	—	1021	2008	3	5	1024	2013

Cerebral Palsy, Park Avenue Special School — 11 cases inspected.

## School Clinics, 1949-1952

### Number of Cases

Work Undertaken	1949	1950	1951	1952
Minor Ailments—Inspection Clinics :				
1. Minor Ailments treated....	13733	11993	13311	14491
2. Defects inspected	12352	10309	10410	11360
3. Employment Cases	830	983	890	969
4. Miscellaneous Inspections	326	355	321	355
Refraction Clinics	3307	2982	3002	3166
Dental Clinics—Treatment only	9668	7184	6777	6832
Orthopædic Clinics	180	104	99	124
Aural Clinic Inspections	1706	1626	860	1165
Rheumatism and Heart Clinic	97	93	74	116
Pædiatric Clinics	70	79	125	179
Formal Examinations for Educational Subnormality	162	84	130	186
Child Guidance	95	114	65	72
Speech Therapy :				
1. Cases inspected	123	140	129	187
2. Cases treated	81	47	59	55
Chiropody	—	—	48	1024
Cerebral Palsy	—	—	—	11

Notes on various clinic activities are given below.

#### (a) Minor Ailments

17. There is a slight increase in the total number of cases treated during the year compared with 1951. It is interesting to note that the number of cases of ringworm of the scalp was 23 only, though this shows an increase of 3 compared with 1951. The number of cases of ringworm of the body has decreased from 121 in 1951, to 76 in 1952. It is pleasing to report that only 36 cases of scabies were treated during the year, though this is 9 more than in the previous year. The number of cases of impetigo has increased from 690 in 1951, to 763 in 1952.

#### (b) Visual Defects

18. The total amount of work done at the Ophthalmic clinic is shown below.

### Ophthalmic Clinic

	Cases	Attendances	Spectacles Prescribed
Primary and Secondary School Children	2844	3285	1812
Special School Children	99	114	53
Hymers College Pupils	5	6	3
Children's Homes cases	1	1	—
Children under 5 years	213	348	75
Occupation Centre Children	4	4	3
Totals	3166	3758	1946



19. The statistics printed below refer to school children inspected at the Ophthalmic Clinic for the first time during the year.

### Summary of Conditions Found

Condition					Number of Examples
Small Visual Defect—glasses not advised	....	....	....	....	263
Small Visual Defect—glasses advised	....	....	....	....	196
Moderate Severe Defect (excluding Myopia)	....	....	....	....	280
Myopia, over 1D	....	....	....	....	135
Myopia (severe)	....	....	....	....	6
Other severe refractive errors	....	....	....	....	15
Squint	....	....	....	....	179
Conjunctivitis	....	....	....	....	51
Blepharitis	....	....	....	....	23
Keratitis and Ulcer	....	....	....	....	6
Nystagmus	....	....	....	....	2
Optic Atrophy	....	....	....	....	2
Cysts, Styes, etc.	....	....	....	....	12
Injuries and Foreign Bodies	....	....	....	....	5
Miscellaneous or Unclassified	....	....	....	....	15
Epicanthus	....	....	....	....	19
No Defect Found	....	....	....	....	115
Total	....	....	....	....	<u>1324</u>

20. The Ophthalmic Surgeon carried out operations on 152 school children at hospitals during the year. Most of these were for the correction of squint. Artificial eyes were prescribed in nine cases.

21. The arrangements for the dispensing of glasses and for replacements and repairs were continued by the Hospital Eye Service.

22. During the year the No. 4 Hull (A) Group Hospital Management Committee appointed a Dispensing Optician in connection with the Hospital Eye Service. With the approval of the Education Committee arrangements were made for the Optician to attend at school clinics when the Consultant Ophthalmic Surgeon is present in order to take measurements and fit glasses in cases where the parents have chosen to have the glasses supplied by the Hospital Eye Service Optician.

23. 108 additional cases were referred to the Orthoptic clinic established by the No. 4 Hull (A) Group Hospital Management Committee during the year. 126 individual children were treated at this clinic during the year.

**(c) Ear, Nose, and Throat Defects**

24. The following table summarises the cases seen at Specialist Aural clinics of school children.

**Aural Clinic, 1952**

Disease	Cases	Attendances	Operation Required
Otitis Media ....	32	53	2
Other Ear Defects ....	81	207	5
Chronic Tonsillitis and Adenoids ....	743	756	709
Chronic Tonsillitis only ....	91	95	53
Adenoids only ....	6	7	4
Other Nose and Throat defects	170	216	54
Total ....	1,123	1,334	827

25. Operations for removal of enlarged tonsils and adenoids were undertaken at various hospitals.

26. During the year Individual Hearing Aids were provided through the National Health Service for four partially deaf pupils attending the School for the Deaf and for four partially deaf pupils attending ordinary schools.

**(d) Orthopaedic and Postural Defects**

27. The clinics conducted by the Orthopaedic Surgeons were held as usual and the tables printed below refer to the work done. One whole-time physiotherapist was available throughout the year.

**Central and North Hull Orthopaedic Clinics, 1952****(A) Inspections and Re-inspections by Orthopaedic Surgeons**

Type of Case	Education Cases		M. & C.W. Cases	
	New Cases	Attend.	New Cases	Attend.
Non-tuberculous conditions—				
Rickets ....	—	1	—	1
Spinal Curvature	7	33	—	—
Infantile Paralysis	—	17	—	—
Other Forms ....	87	169	28	61
Tuberculosis—				
Spine ....	—	3	—	2
Hip ....	1	1	—	—
Other Bones and Joints ....	—	3	—	—
Totals ....	95	227	28	64

3 Attendances were also made by children from the Occupation Centre.

Total new cases—123. Total attendances for inspection—414.

(B) Treatments Given

Form of Treatment					
Massage	....	....	....	....	1741
Electrical	....	....	....	....	51
Remedial Exercises	....	....	....	....	2349
Other	....	....	....	....	34
Total					4175

East Hull Orthopaedic Clinic, 1952

(A) Inspections and Re-inspections by Orthopaedic Surgeons

Type of Case							New Cases	Attendances
Non-Tuberculous conditions—								
Rickets	....	....	....	....	....	....	—	—
Spinal Curvature	....	....	....	....	....	....	1	1
Infantile Paralysis	....	....	....	....	....	....	1	11
Other Forms	....	....	....	....	....	....	31	49
Tuberculosis—								
Spine	....	....	....	....	....	....	—	1
Hip	....	....	....	....	....	....	—	—
Other Bones and Joints	....	....	....	....	....	....	—	—
Totals							33	62

(B) Treatments Given

Form of Treatment										
Massage	....	....	....	....	....	....	....	....	....	257
Electrical	....	....	....	....	....	....	....	....	....	—
Remedial Exercises	....	....	....	....	....	....	....	....	....	786
Other	....	....	....	....	....	....	....	....	....	71
Total										1114

28. The provision and repair of ambulant orthopædic appliances through the National Health Service worked satisfactorily.

(e) Heart Disease and Rheumatism

29. This clinic has continued its work in conjunction with the Cardiac Unit established by the Regional Hospital Board at the Kingston General Hospital. Certain details of the work at the clinic are given below.

Condition			Schoolchildren		Children under 5 years		Occupation Centre		Totals	
			Cases	Attend.	Cases	Attend.	Cases	Attend.	Cases	Attend.
1. Rheumatic Pains or Arthritis—										
(a) with heart affection	....	....	6	19	—	—	—	—	6	19
(b) without heart affection	....	....	5	24	—	—	—	—	5	24
2. Rheumatic Chorea—										
(a) with heart affection	....	....	—	1	—	—	—	—	—	1
(b) without heart affection	....	....	3	5	—	—	—	—	3	5
3. Rheumatic Carditis without (1) or (2) above	....	....	—	3	—	—	—	—	—	3
4. Congenital Heart Disease	....	....	8	24	2	2	1	1	11	27
5. Functional Heart Disorder	....	....	24	44	1	1	—	—	25	45
6. No Rheumatism or Heart Disease or Disorder	....	....	57	59	9	9	—	—	66	68
Totals			103	179	12	12	1	1	116	192



### (f) Treatment by Artificial Light

30. This treatment is given at M. & C. W. Clinics ; 316 school children were treated during the year.

### (g) Pædiatric Clinic

31. The number of new cases seen during the year was 179 and the total attendances were 577.

The table printed below shows the diseases or defects apparent in the cases attending.

Defects	New cases	Total attendances
Nutritional Disorders ....	4	10
Skin ....	2	7
Eyes—		
(a) Vision ....	1	3
(b) Other ....	—	—
Nose or Throat ....	4	12
Speech ....	—	5
Cervical Glands ....	3	7
Heart and Circulation ....	3	8
Lungs—		
(a) Asthma ....	8	35
Asthma and Rheumatism ....	—	3
Asthma and Other Allergic Conditions ....	2	16
(b) Bronchitis ....	16	85
(c) Other ....	4	48
Developmental—		
(a) Hernia ....	2	3
(b) Other ....	5	13
Orthopaedic—		
(a) Posture ....	—	—
(b) Other ....	1	4
Nervous System—		
(a) Epilepsy ....	11	57
(b) Other ....	23	50
Psychological—		
(a) Development ....	3	5
(b) Stability ....	23	52
Other Defects and Diseases ....	51	133
No Organic Disease Detected ....	13	21
Totals ....	179	577

### (h) Dental Treatment

32. Statistics relating to work done by dental officers in respect of school children are printed in Table V on page 233. Owing to the continued shortage of dental officers treatment has still in the main to be restricted to cases of emergency, to the detriment of routine preventive treatment.

33. Dental radiography is available at the Central School Clinic and 111 films were taken during the year.

34. The Authority arranged for the provision of partial dentures for 12 children.

35. In addition to the work done for school children, dental treatment is undertaken in connection with patients of all ages referred by other departments of the Health Service. A summary of this work is appended.

### Dental Treatment of Non-School Cases

	Children under 5 years	Expectant and Nursing Mothers	Children's Homes Cases	Occupation Centre Cases
Number dealt with ....	517	220	64	10
Attendances ....	684	616	144	15
Extractions—				
(1) Temporary Teeth ....	1130	—	41	19
(2) Permanent Teeth ....	—	920	13	8
Fillings—				
(1) Temporary Teeth ....	1	—	—	—
(2) Permanent Teeth ....	—	77	24	—
Radiographs ....	—	11	—	1
Other Operations ....	4	197	49	1
Administration of General Anæsthetics ....	279	44	8	7

The number of children under five years dealt with during the year decreased by 57 and the number of expectant and nursing mothers decreased by 18 compared with 1951.

36. A comparative table of the work carried out in the years 1951/1952 is printed below.

### Dental Treatment

	1951		1952	
	School-children	All Cases	School-children	All Cases
Cases Treated ....	5900	6777	6021	6832
Attendances ....	10279	11849	10195	11654
Fillings ....	948	1096	1201	1303
Extractions ....	11583	13816	10891	12941
Other Operations ....	2021	2324	1913	2164

### (j) Child Guidance

37. A report by Dr. J. Mackay, the Psychiatrist, is printed below.

### REPORT OF PSYCHIATRIST

#### Staff

There has been no change in the personnel of the clinic staff during the past year. I regret, however, to record that Mrs. Aitken, the Social Worker, has had spells of illness and that during the greater part of the coming year she will require to undergo hospital treatment. I take this opportunity of wishing her a complete recovery and to express my thanks for the sterling work she has done both in the clinic and in the community.

## Accommodation

As in past years the clinic was held in the premises of the School Health Service at New Cross Street. In view of the pleasing prospect of new accommodation of an up-to-date character being available probably in the autumn of 1953, it is gratuitous to make more than a passing reference to the difficulties which attend treatment in the present restricted surroundings. In a proper clinic setting with full scope for play therapy, I look with confidence to a rapid and effective reduction of the present over-burdened waiting list.

## Clinical

The Educational Psychologist tested the intelligence of all children referred for treatment. The Terman-Merrill Test was the one of choice. For the very young children the Merrill-Palmer Test proved invaluable. The less verbally adequate case responded best to the Drever-Collins and Alexander Scale Tests. Other tests used for amplifying original results included the Wechsler-Bellevue and the Rotschach Ink Blots.

The Social Worker collected relevant data from parents and others and advised both in the clinic and in the home.

The Psychiatrist was responsible for the medical examination. He made the final assessment of the case and took the decision as to the method of treatment.

During the year further consideration was given to the question of cerebral dominance and to certain anomalies of perception. These studies will be continued in the new year.

Observers, including University Students and Student Health Visitors, attended the clinic and some of them assisted in actual therapy.

I have to note with much satisfaction that Dr. Graham, a former Child Guidance Trainee at this clinic, was recently appointed Medical Superintendent and Consultant Psychiatrist at Northampton Mental Hospital.

No case was referred by the Juvenile Court after January, 1952 for examination by the Psychiatrist. This responsibility now devolves upon the Regional Hospital Board. The clinic continued to provide treatment for such cases when advised by a Psychiatrist in the Board's service.



In conclusion, I have to thank Dr. Orr, the Senior Assistant Medical Officer for his kindly help at all times. I have also to record my appreciation of the co-operation extended by Mr. Francis, the Speech Therapist, Mr. Banks, the Chief Probation Officer, and the clerical staff of the School Health Service.

The following table presents a resumé of the work done at the clinic :

Classification	1st Attendances (New Cases)	Later Attendances (All cases)	Total Attendances
Maladjustment ....	46	1278	1324
Maladjustment and Delinquency ....	—	9	9
Pavor Nocturnalis ....	—	22	22
Specific Reading Retardation ....	—	23	23
Hysterical Neurosis ....	—	17	17
Anxiety Neurosis ....	1	42	43
Aphasia ....	1	1	2
Reading difficulty ....	1	39	40
Encopresis and Enuresis ....	—	13	13
Enuresis ....	6	168	174
Retarded ....	1	35	36
Epilepsy ....	2	21	23
Kernicterus ....	1	17	18
Physical Handicap ....	1	9	10
E.S.N. ....	1	45	46
Cerebral Palsy ....	1	—	1
Dyslalia ....	1	—	1
Encephalitis ....	1	15	16
Emotional Immaturity ....	1	7	8
Examination for Report to Local Health Authority ....	7	—	7
Total ....	72	1761	1833

No. of cases in which a report has been issued to the Juvenile Court ..... 8

JOHN MACKAY, M.D., D.P.M.,  
*Psychiatrist, School Health Service.*

(k) **Speech Therapy**

38. A report by Mr. T. R. Francis is printed below.

**REPORT OF SPEECH THERAPIST**

The Speech Therapy Clinic continues to be accommodated at the Central Clinic, Beverley Road.

**Examinations**

As in previous years, all children continue to be interviewed, together with their parents, as soon as possible after being referred to the Speech Clinic. Children are treated on priority and not according to their position on the waiting list ; others not undergoing regular treatment continue to be seen at periodic intervals for guidance. Parents still have the opportunity of advice at any time should they desire it.

## **Treatment**

Treatment, as explained above, continues to be given on priority. Eight-and-a-half sessions are given each week to this. One session each week is devoted exclusively to the treatment of speech disorders associated with Cerebral Palsy.

## **School Visits**

Unfortunately only one session each fortnight continues to be given to school visiting. This is not satisfactory, as it is felt that the Speech Therapist should co-operate more with the school staffs. However, at present the waiting list position precludes this.

## **Special Schools**

It has been found possible to hold one session each week at the Park Avenue Special School for the physically handicapped. As indicated above, this is devoted to the cases suffering from Cerebral Palsy and requiring speech treatment. It is to be regretted that other special schools are not visited regularly, especially the Northumberland Avenue Special School for the educationally subnormal.

## **Equipment**

I am very pleased to report the installation of a " Simphonic " Magnetic Tape Recording Machine. This is a very good instrument, and should prove invaluable in the recording of progress and methods of treatment.

## **Staff**

It is most unfortunate that it was not possible to obtain the services of another Speech Therapist during the year. However, it is very likely that another Speech Therapist may take up an appointment here in September, 1953.

## **General Remarks**

The clinic continues to treat children who have had surgical treatment at the Facio-Maxillary Unit at Leeds, under Mr. Michael Oldfield and Mr. Mortimer Shaw, and under Mr. Peter Walton at the Victoria Children's Hospital. However, the need for Speech Therapy in cleft palate cases is decreasing, due to the advances made in the surgical treatment of this defect in recent years.

The Speech Clinic at the Victoria Children's Hospital continues to be run in conjunction with the School Health Service Speech Clinic. This is very valuable in cases of cleft palate, and also for advising parents with children who suffer from delayed speech development and primary stammers.

It is pleasing to note the interest shown by medical officers of the Authority outside the School Health Service, who have attended clinics for observation. Intending Speech Therapy Students have attended the Speech Clinics for observation, also Student Health Visitors and Social Science Students.

It has not been possible to commence any research work as indicated in my report for 1951, as a second Speech Therapist has not been appointed. Pressure of work precludes doing anything outside that needing immediate attention. Though the clinic has been functioning satisfactorily from a public point of view, the case load is too heavy, and forbids the giving of very necessary extra attention to the more serious cases.

Lectures have been given to Student Health Visitors and Social Science Students, and also to Parent-Teacher Associations.

One of the most important aspects of Speech Therapy is that of giving more attention to children suffering from Cerebral Palsy. One session a week is not enough, and due to the number of patients it is not always possible to see each patient even once weekly. This I feel is a most pressing need.

Speech Therapy, though a comparatively new department of the School Health Service, is an integral part of it, and as such can do valuable work in putting the School Health Service in Kingston upon Hull in the forefront of future development, particularly in the treatment of speech disorders associated with Cerebral Palsy, and in the educational aspects of retarded speech and dyslalia. A great deal of work in the line of treatment and research needs to be done in these fields, but can only be commenced when extra staff is available. One more Speech Therapist would be of very great value, in that more sessions could be devoted to the already mentioned disorders, and a far closer and detailed observation kept upon patients.

In conclusion, my thanks are due to Dr. C. Warden Orr, the Assistant Medical Officers of Health, Dr. J. Mackay and Mr. G. F. Reed of the Child Guidance Clinic, for their advice and co-operation. My thanks are also due to Miss Jarratt, Superintendent Physiotherapist, Park Avenue Special School, for her willing co-operation in the treatment of Cerebral Palsy cases.

I must thank the clerical staff for their continued help and courtesy, and again, their patience, at all times.

T. R. FRANCIS, L.C.S.T.,  
*Speech Therapist.*



Statistical Report

DEFECTS	INSPECTIONS		TREATMENTS	
	New Cases	Total Attendances	New Cases	Total Attendances
Stammer ....	43	109	30	1087
Dyslalia ....	51	134	8	491
Rhinolalia (aperta) ....	—	1	—	—
Rhinolalia ....	2	7	2	21
Stammer and Dyslalia ....	3	7	2	112
Retarded Speech and Stammer ....	1	3	—	—
Partially Deaf ....	6	13	—	5
Dyslalia and Nasality ....	—	3	—	—
Alalia ....	—	—	1	44
Mouth Breather ....	—	2	—	—
Retarded Speech ....	27	39	2	132
Stammer, Dyslalia and Mouth Breathing	1	4	—	—
Hyper-rhinophonia ....	1	3	—	—
Hyper-rhinophosia ....	—	—	—	1
Dysarthria ...	7	11	5	116
Anarthia ....	—	—	—	32
Cleft Palate ....	3	14	2	165
Idioglossia ....	2	3	—	35
Diagnosis deferred ....	35	47	3	82
No defect found ....	5	11	—	—
	187	412	55	2223

(l) Foot Defects

39. The following table shows the defects treated :

Defects	No. of Cases	Attendances
Verruca ....	186	859
Nail deformities ....	164	205
Callosities ....	140	183
Chilblains ....	3	7
Pes Planus ....	164	214
Metatarsal trouble ....	66	88
Toe deformities ....	107	184
Home exercises for weak feet and advice re short shoes ....	147	202
Miscellaneous ....	44	70
	1021	2008

40. In addition 3 M. and C.W. cases were treated (2 callosities, 1 toe deformity) involving 5 attendances.

## VII.—INFECTIOUS DISEASES

41. The notifications of Infectious Diseases among school children are shown below.

### Notifications of Infectious Diseases

Disease	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1952	Total 1951
Scarlet Fever	84	42	43	148	317	219
Diphtheria	1	2	—	—	3	2
Typhoid Fever	—	—	—	—	—	—
Poliomyelitis	2	3	3	—	8	2
Erysipelas	—	—	1	—	1	2
Acute Encephalitis	2	—	—	—	2	—
Meningococcal Infection	2	—	—	—	2	—
Smallpox	—	—	—	—	—	—
Dysentery	1	5	—	1	7	27
Pneumonia	30	15	3	18	66	30
Whooping Cough	144	112	58	15	329	554
Measles	1811	515	29	47	2402	568
Chicken Pox	95	227	157	319	798	1062

### Diphtheria Immunisation

42. The table below relates to school children only but it must not be forgotten that many children have been immunised before commencing school attendance.

	Clinics	Schools	Total
<b>SCHICK TEST—</b>			
Number	—	—	—
Negative	—	—	—
Positive	—	—	—
Result not known	—	—	—
Immunised after test	—	—	—
Immunised without test	109	1067	1176
<b>SCHICK RE-TEST—</b>			
Number	—	—	—
Negative	—	—	—
Positive	—	—	—
Result not known	—	—	—
Re-immunised	—	19	19
Re-inforcing Injection	141	7846	7987

## VIII.—MORTALITY AMONG SCHOOL CHILDREN

43. The table printed below shows the causes of death among school pupils during the year.

### Causes of Death, 1952

Disease or other Cause	Male	Female	Total
Tuberculosis, respiratory ....	1	—	1
Tuberculosis, other than respiratory ....	1	—	1
Meningococcal infections ....	1	—	1
Measles ....	1	—	1
All other infective and parasitic diseases ....	1	—	1
Leukaemia and Aleukaemia ....	1	—	1
Other Malignant and lymphatic neoplasms ....	1	1	2
Pneumonia ....	—	3	3
Nephritis and Nephrosis ....	—	1	1
Heart Disease ....	—	1	1
Other defined and ill defined diseases ....	5	4	9
Motor vehicle accidents ....	2	—	2
All other accidents....	4	3	7
Homicide ....	2	—	2
Total ....	20	13	33

## IX.—HANDICAPPED PUPILS

### (a) Ascertainment

44. There was no change in the arrangements for ascertainment.

Recommendations of examining medical officers relating to the ascertainment of educationally subnormal pupils are given below.

The figures include cases examined for the first time, re-examinations of pupils not previously classified as Educationally Subnormal, and re-examinations of pupils previously classified as Educationally Subnormal who had not been admitted to a special school.

The figures relating to reports to the Local Health Authority do not agree with those given on page 234 for the following reasons. Actual reports are not always made in the same year as the recommendations. The figures on page 234 include cases reported after attendance at a special school.

### Report to Local Health Authority—

Incapable of receiving education at school ....	14
Inexpedient to be educated in association with other children ....	1
Requiring supervision on leaving school ....	1



Educationally Subnormal—Special Educational Treatment in—

(a) Day Special School	....	....	....	....	....	....	64
(b) Ordinary School	....	....	....	....	....	....	117
Not Educationally Subnormal	....	....	....	....	....	....	124
Classification deferred	....	....	....	....	....	....	10
							—
							331
							—

45. In two cases reports to the Local Health Authority that children were incapable on the ground of mental disability of receiving education at school were cancelled, under the provisions of Section 8 of the Education (Miscellaneous Provisions) Act, 1948. In one case, a blind girl, admission was secured on trial to the Condoover Hall residential school for blind pupils ; in the other case the girl was admitted to the Authority's day special school for physically handicapped pupils.

(b) **Special Schools**

46. The numbers on the registers of the various day special schools and classes in the city on the 31st December, 1952, were as follows :

Sutton (Deaf)	....	....	....	....	....	....	62
Northumberland Avenue (E.S.N.)				....	....	....	193
Park Avenue (Physically Handicapped)	....			....	....	....	85
Cottingham Road (Open Air)		....	....	....	....	....	218
Classes for Partially Sighted		....	....	....	....	....	31

The figures include five deaf or partially deaf, two physically handicapped and two partially sighted pupils resident in the area of the East Riding Education Authority who accept financial responsibility.

47. Regular inspections of the special defects concerned were carried out by the appropriate specialists.

*Park Avenue School for Physically Handicapped Pupils*

48. One whole-time Physiotherapist only was employed at the school throughout the year.

Details as to the medical side of the work are printed below.

Inspections by Orthopaedic Consultant ....	....	....	80
Treatments—			
Massage ....	....	....	476
Remedial Exercises ....	....	....	759
Electrical ....	....	....	204
Sunlight ...	....	....	244
Minor Ailments ....	....	....	536
Plaster of Paris Splints ....	....	....	3
Miscellaneous ....	....	....	334

Ambulant orthopaedic appliances are provided and repaired under National Health Service arrangements.

During the year 13 pupils were admitted to hospitals for surgical treatment.

49. The Consultant Paediatrician conducted clinics at the school on three occasions for cases of Cerebral Palsy and inspected 11 children. Two children were already in attendance at the school and one child was recommended for admission. Seven of the other children were recommended to attend at the school at intervals for treatment and this was commenced in five cases before the end of the year.

#### *Northumberland Avenue Special School*

50. The number of formal re-examinations of children in attendance at the school carried out during the year was 156.

During the year 42 children left the school in the following circumstances :

Transferred to ordinary schools ....	....	....	8
Transferred to Open Air School ....	....	....	2
On attaining 16 years, reported to Local Health Authority for supervision ....	....	....	16
On attaining 16 years, not for supervision ....	....	....	12
Ineducable, reported to Local Health Authority ....	....	....	2
Admitted to Mental Hospital .....	....	....	1
Left the City ....	....	....	1

The following are the after-school careers of the 19 leavers up to July, 1952, who were eligible for employment :

Maintained regular employment ....	....	....	14
Moved from job to job, not satisfactory ....	....	....	2
Had one or more jobs for a time ....	....	....	2
Not been employed ....	....	....	1

The employments taken up were mainly connected with the fish trade or as factory workers.

### *Cottingham Road (Open Air) School*

51. A full time nurse is employed at the school and the pupils are kept under close medical supervision and treatment. The following table shows the work carried out :

General re-inspections by Medical Officers	....	....	695
Baths	....	....	5,492
Cleanliness inspections	....	....	5,891
Weighing and measuring	....	....	2,678
Treatments of minor ailments	....	....	5,241
Treatments of orthopaedic defects	....	....	—
Sunlight treatment	....	....	285

## X.—NURSERY SCHOOLS AND CLASSES

52. The city has two nursery schools and 12 nursery classes (at nine schools) with accommodation for 140 in schools and 360 in the classes. Admission is not based on the medical condition of the children.

In addition to carrying out the routine medical inspections following admission, medical officers visit the schools and classes at intervals to make general observations on the children. A school nurse visits each school and class once a week as far as possible.

## XI.—PHYSICAL EDUCATION

53. The Report of the Inspectors of Physical Training is printed below.

### *Inspectors of Physical Training—*

Miss M. B. BLACK, Mr. A. W. EVES.

The programme of Physical Education in schools includes not only lessons of physical training, dancing, gymnastics, organised games, athletic training and swimming but also the out-of-school activities, School Clubs and voluntary work of the School Sports Associations.

### **Physical Training**

The work in the physical training lesson is largely dependent on the facilities available at each school. In those schools with indoor hall accommodation, playground and playing field facilities adjacent, a full syllabus of training in



gymnastics, dancing and organised games is possible. In the schools where such facilities are limited, good use is made of all playground space to make the out-of-door physical training lesson as purposeful, worthwhile and full of movement as possible. In these playground lessons, variety in the skilled training is ensured by the use of as much small apparatus as possible.

All girls' schools and most junior and infants' schools include in their timetable a weekly lesson in dance. A pleasing wide variety of dance is being taught in the schools including all branches of English folk dance (Country, Sword and Morris), European national dance, modern educational dance and mime.

At a time when there is difficulty in accommodating the increased school population, many indoor halls are being used as classroom accommodation, but good use is made of the covered-over swimming baths and other halls as central gymnasia so that relays of children may attend each day for dancing and for indoor gymnastic lessons during the winter months.

During the past year it has been possible to equip many of the primary schools with new "agility type" portable apparatus. This apparatus allows greater scope and much more variety in the syllabus of training for these children. As a result many more activities involving hanging, climbing, balancing and swinging, so necessary for children at this age, may now be introduced into the physical training lessons.

## **Organised Games**

The games lesson with sports coaching and athletic training is an important part of the school work. Arrangements are made so that all senior pupils from the central and crowded areas of the city may visit a playing field once weekly during suitable weather.

The good work carried out by the Schools' Sports Associations continues and an expansion of activities is reported in all sections. Much credit is due to these Associations and the members of the school staffs who give so freely of their own time in organising out-of-school games coaching, athletic training and inter-school matches. The high standard maintained by the Schools' Sports Associations in the organisation of inter-school matches and Sports Days does much to create enthusiasm in the schools and to improve the standard of the ordinary school activities.

## **Swimming**

Senior pupils of all schools are given the opportunity of attending the baths for lessons in swimming as a normal part of their education. In most junior departments the top age-group have similar opportunities. Part-time swimming instructors are employed to assist the teachers with the instruction at the baths and a

high standard of instruction is maintained. The results of the Swimming Certificate Tests taken during the course of the season were as follows :

Class of Certificate			Boys	Girls
I	....	....	566	534
II	....	....	865	817
III	....	....	1,260	1,139

## XII.—PROVISION OF MEALS

54. The School Health Service is not directly concerned with the provision of meals but the statistics printed below may be of general interest.

### Provision of Meals, 1952

Total dinners supplied—2,207,653

Month					Largest number of dinners in one week	Largest number of pupils fed in one week
January	....	....	....	....	52835	14205
February	....	....	....	....	52223	14005
March	....	....	....	....	52876	14153
April	....	....	....	....	53652	14338
May	....	....	....	....	54438	14542
June	....	....	....	....	53115	14368
July	....	....	....	....	52155	14285
August	....	....	....	....	—	—
September	....	....	....	....	55413	14747
October	....	....	....	....	57714	15401
November	....	....	....	....	57106	15184
December	....	....	....	....	58904	16284

					Number of pupils taking dinners on one day		Number of pupils taking milk on one day
					Free	Payment	Total
February, 1952	....	....	....	....	1827	8641	10468
May, 1952	....	....	....	....	1988	8789	10777
October, 1952	....	....	....	....	1662	9510	11172

## XIII.—MISCELLANEOUS

55. In addition to the work referred to elsewhere in this report, examinations have been carried out as shown below.

Children, employed out of school hours	....	....	....	969
Children, in connection with theatrical employment	....			87
Children, referred from the Juvenile Court	....	....		35
Teachers, mostly in connection with absence from duty				12
Employees, in connection with appointment to Local Government Service	....	....	....	33
Adult Students, Nautical College, First Aid	....	....		115
Students, prior to admission to Training Colleges	....			69
Teachers, on appointment	....	....	....	9

MINISTRY OF EDUCATION STATISTICAL TABLES

TABLE I

MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS) YEAR ENDED 31ST DECEMBER, 1952

A.—PERIODIC MEDICAL INSPECTIONS

No. of Inspections in the prescribed Groups—

Entrants....	....	....	....	....	....	....	....	....	....	6102
Second Age Group	....	....	....	....	....	....	....	....	....	3000
Third Age Group	....	....	....	....	....	....	....	....	....	3866
Total	....	....	....	....	....	....	....	....	....	12968
Number of other Periodic Inspections	....	....	....	....	....	....	....	....	....	176
Grand Total	....	....	....	....	....	....	....	....	....	13144

B.—OTHER INSPECTIONS

Number of Special Inspections	....	....	....	....	....	....	....	....	....	11509
Number of Re-inspections	....	....	....	....	....	....	....	....	....	17255
										28764

C.—PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

Group (1)	For Defective Vision (excluding Squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total Individual Pupils (4)
Entrants	9	1256	1265
Second Age Group	262	436	641
Third Age Group	281	381	620
Total (prescribed Groups)	552	2073	2526
Other Periodic Inspections	18	25	41
Grand Total	570	2098	2567



TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1952

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin....	133	18	2491	3
Eyes : (a) Vision ....	570	6	575	5
(b) Squint ....	203	20	72	—
(c) Other ....	46	10	757	4
Ears : (a) Hearing ....	35	9	65	—
(b) Otitis Media ....	42	34	55	—
(c) Other ....	19	6	425	5
Nose or Throat ....	830	800	267	1
Speech ....	69	51	29	1
Cervical Glands ....	133	209	40	—
Heart and Circulation ....	103	52	13	—
Lungs ....	156	238	49	3
Developmental : (a) Hernia ....	21	12	—	—
(b) Other ....	34	17	1	—
Orthopædic : (a) Posture ....	53	21	—	—
(b) Flat Foot ....	45	11	15	—
(c) Other ....	86	33	97	1
Nervous System : (a) Epilepsy ....	20	10	13	—
(b) Other ....	32	12	9	—
Psychological : (a) Development ....	9	5	9	—
(b) Stability ....	19	16	35	2
Other ....	182	43	5780	16

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups (1)	Number of Pupils Inspected (2)	A. (Good)		B. (Fair)		C. (Poor)	
		No. (3)	Percentage of Total (col. 2) (4)	No. (5)	Percentage of Total (col. 2) (6)	No. (7)	Percentage of Total (col. 2) (8)
Entrants ....	6102	2201	36·0	3805	62·4	96	1·6
Second Age Group ....	3000	1267	42·2	1710	57·0	23	0·8
Third Age Group ....	3866	1809	46·7	2033	52·6	24	0·7
Other Periodic Inspections ....	176	24	13·6	141	80·1	11	6·3
Total ....	13144	5301	40·3	7689	58·5	154	1·2

TABLE III

## INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons ....	158226
(ii) Total number of <i>individual</i> pupils found to be <i>infested</i> ....	4931
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ....	723
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ....	5

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING SPECIAL SCHOOLS)

GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III)

[illegible]

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

					Number of cases dealt with	
					By the Authority	Otherwise
External and other, excluding errors of refraction and squint	....	....	....	....	1082	133
Errors of Refraction (including squint)	....	....	....	....	—	2819
					—	—
Total	....	....	....	....	1082	2952
					—	—
Number of Pupils for whom spectacles were :—(a) Prescribed	....	....	....	....	—	1871
(b) Obtained	....	....	....	....	—	2097

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear ....	—	44
(b) for adenoids and chronic tonsillitis ....	—	1700
(c) for other nose and throat conditions ....	—	253
Received other forms of treatment ....	1086	117
Total ....	1086	2114

#### GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a)	Number treated as in-patients in hospitals	....	....	....	....	....	39	By the Authority	Otherwise 1
(b)	Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	....	....	....	....	277			

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of Pupils treated at Child Guidance Clinics	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
	124	—

GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapist	Number of cases treated	
	By the Authority	Otherwise
	130	—

GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	11126	8
(b) Other—		
(1) Artificial Sunlight	316	—
(2) Chiropody	1021	—
(3) Orthoptic	—	126
(4) Surgical Conditions, excluding Tuberculosis	—	12
(5) Rheumatism and Heart	—	24
(6) Miscellaneous	—	12
Total	12463	182

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of Pupils inspected by the Authority's Dental Officers—												
(a) Periodic Age Groups	....	....	....	....	....	....	....	....	....	....	....	830
(b) Specials	....	....	....	....	....	....	....	....	....	....	....	4898
(c) Total (Periodic and Specials)	....	....	....	....	....	....	....	....	....	....	....	5728
(2) Number found to require treatment	....	....	....	....	....	....	....	....	....	....	....	5310
(3) Number referred for treatment	....	....	....	....	....	....	....	....	....	....	....	5309
(4) Number actually treated	....	....	....	....	....	....	....	....	....	....	....	6021
(5) Attendances made by pupils for treatment	....	....	....	....	....	....	....	....	....	....	....	10195
(6) Half-days devoted to Inspection*	....	5½	} Total	....	....	....	....	....	....	....	....	868
Treatment	....	862½		....	....	....	....	....	....	....	....	
(7) Fillings	....	1189	} Total	....	....	....	....	....	....	....	....	1201
Permanent Teeth	....	12		....	....	....	....	....	....	....	....	
Temporary Teeth	....	12	} Total	....	....	....	....	....	....	....	....	1125
(8) Number of teeth filled	....	1113		....	....	....	....	....	....	....	....	
Permanent Teeth	....	12	} Total	....	....	....	....	....	....	....	....	
Temporary Teeth	....	1776		....	....	....	....	....	....	....	....	
(9) Extractions	....	9115	} Total	....	....	....	....	....	....	....	....	10891
Permanent Teeth	....	1776		....	....	....	....	....	....	....	....	
Temporary Teeth	....	9115	} Total	....	....	....	....	....	....	....	....	
(10) Administration of general anaesthetics for extractions	....	2010		....	....	....	....	....	....	....	....	1575
(11) Other Operations—	....	14	} Total	....	....	....	....	....	....	....	....	2024
Permanent Teeth	....	14		....	....	....	....	....	....	....	....	
Temporary Teeth	....	14		....	....	....	....	....	....	....	....	

\* The total number of sessions devoted to treatment of all types of cases is 985½. Separate sessions are not devoted to the treatment of non-school cases. The time devoted to the treatment of cases other than school pupils is estimated at 123 sessions, leaving 862½ sessions devoted to the treatment of school pupils.



